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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

Subscriptions must commence with January issue. If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.
The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. JANUARY 1905 No. 1.

☞ **Please do us the kindness to remit for the year 1905, without waiting for a bill. Show us that you mean what you say, when you write us during the year that you don't know how you could get along without the Critic and Guide.**

What is a paltry dollar versus twelve monthly visits of the bright, interesting — yes, it is bright and interesting; no use being over modest — thought-stimulating, love-inspiring, and sham-exposing Critic and Guide?

Send us your Dollar TO-DAY; you will have it off your mind, for a year, and we shall feel pleased.

I WISH YOU ALL A HAPPY NEW YEAR.

To you, my medical readers, I wish better success in the treatment of your patients, and better success in the collection of your hard-earned fees. May your mind be free and open for the investigation of every new truth, may you steer clear of fads and fancies, may you possess the ability to get out of old ruts, may you be saved from falling into either of the deplorable extremes: over-drugging and therapeutic nihilism.

To you, my pharmaceutical readers, I wish better prosperity in your business, and, what is more important, I pray that the coming year may bring you a bigger share of public confidence and esteem. I cannot help thinking that the salvation of pharmacy does not lie in the sale of Peruna and Pierce's Favorite Prescription at 89 cents instead of 73.

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To you my advertisers, I wish continued and uninterrupted prosperity. You all have products for which neither you nor I need blush or apologize. They all represent greater or lesser therapeutic advances, and the physician need not hesitate to use them with confidence and—discrimination. I also take this opportunity to thank you for your support, which, I know, has in many cases been given us, in spite of opposition and strong pressure.

To you, manufacturers, who tell me that you would like to be represented in the CRITIC AND GUIDE, but cannot on account of pressure brought to bear by the good people whose worthless products I exposed—some of them, you tell me, are your customers, and they would withdraw their trade if they saw your ad. in the C. and G.—I also wish prosperity and something else that you are greatly in need of, namely—BACKBONE.

To the people who are essentially good, but misinformed, and whose minds have been poisoned by our dishonest opponents, I wish that they may be permitted to see the Light during the coming year. They will then see how unjust they had been.

Last, to the active enemies of the CRITIC AND GUIDE, in other words, the enemies of Truth, Justice, Freedom and Fair Play, the unprincipled agents of darkness, who in their battles against the CRITIC AND GUIDE consider fraud, calumny, falsehood, forgery, anonymous filth and character-assassination their most available weapons, I wish—rope enough! That's all they need.

WHO ARE THE ENEMIES?

The danger is always great of seeing your enemies in too black colors, of looking at them thru too dark glasses. It is very hard to look calmly and impartially at people who are trying to injure you, to judge them fairly, without exaggerating their faults. But it can be done, if you are earnest and sincere in your endeavor. I have tried to do it with reference to the enemies of the CRITIC AND GUIDE, and I believe I have succeeded. But the result of this impartial contemplation is simply appalling. On a careful analysis the active enemies of the CRITIC AND GUIDE are found to belong to the lowest dregs of humanity—morally. They are nothing but moral lepers. They are utterly unprincipled animals, utterly devoid of any ideals or noble sentiments—and they have but one god, and that god is Mammon. And if you cross them in the worship of that god they lose their senses, become infuriated and roar and bellow. No means are beneath them in their fight against the man who dared to interfere with them in their worship of Mammon, in their acquisition of the filthy lucre. Every weapon is called into requisition—calumny, lies, forgery, corruption, denunciation, character-assassination, anonymous filth—everything is made use of to injure their opponents. I repeat the statement with the utmost deliberation:

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The active enemies of this journal are moral lepers. They are people utterly devoid of principles, utterly devoid of conscience. There is no crime, with the exception perhaps of murder, of which they are incapable.

The enemies of the CRITIC AND GUIDE are also the enemies of Truth, Honesty and Justice, and I am proud of it for the enemies it has made.

* * * * * * * *

The note of defiance which I boldly and tauntingly threw into the face of the fakirs and scoundrels, who would befog the physician's mind, rob the druggist and endanger the lives of our patients by the launching of worthless products or well known mixtures under fanciful names, has so infuriated them that they have felt obliged to have recourse to the weapon of the cur and coward—the anonymous letter. For the last few days my mail and the mail of most of our advertisers has been flooded with anonymous filth. The principal object is to discourage advertisers from patronizing the CRITIC AND GUIDE. In this object those "gentlemen" have completely failed. Oh, but what moral rottenness those "gentlemen" are displaying! The filth being anonymous, we of course have no means of knowing with absolute positiveness who is behind these attacks. We have a pretty fair idea, however.

PHENALGIN.

One ounce of Phenalgin costs exactly three (3) cents. It is sold at one dollar. Profit on this acetanilid mixture, which requires neither brains nor inventive faculty, no knowledge and no capital, 97 cents per ounce. Is it really such a crime if I make this little fact known to the medical profession? And do you understand why it is easy for the Etna Chemical Company (let the medical profession bear this fake concern in mind!) with a profit of 97 cents on each 3 cents invested, to send circulars to every physician in the country denouncing the editor of the CRITIC AND GUIDE, to send anonymous letters, to send detectives to collect "information," etc., etc. Apparently, I must have hurt the business of the fakirs very materially or they would not go to such lengths.

IT DOES NOT TALLY.

The fakirs claim that my attacks only serve to increase the sale of their goods. If this were the case they would not be sending me letters threatening to do this and do that if I continue to attack their products. They would rather encourage me to go on—would they not? Well, they are not doing it, and were I of different mettle I would have felt discouraged and disgusted and would have given up long ago. No, I don't think my exposures are doing the fakirs much good.

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THE VARIOUS "SCHOOLS" OF MEDICINE.

The onslaughts on rational and scientific medicine are proceeding from many sides. Ignorance on the part of the public in regard to medical matters makes it an easy matter for quackery to carry off victories and to obtain adherents. Carlyle said: "There are forty million Englishmen in the United Kingdom, and most of them fools." While it would not be fair to say that most of the eighty million inhabitants of the United States are fools, it is certain that quite a goodly number belong to that category. How otherwise account for the large number of fads and follies, that mushroom-like spring up in various corners of our vast country, each one of them boasting of a large number of followers and dupes? That the sophistries propagated by the false leaders will not bear rational criticism goes without saying; but by the public they are accepted as gospel truths. One of the favorite arguments—an argument which appears to possess much weight with the uninformed and unsophisticated—is the contention that medicine is no science at all; that it is nothing more than a jumbled collection of a few empirical facts and observations; that it consists of several "schools," each diametrically opposed to all the rest; that a practitioner of one school treats his patients on lines entirely different from those accepted by the practitioners of the other schools. This being a fact, say these false leaders, there is only one conclusion to be reached: Either all schools of medicine are wrong; or, at least, only *one* is right and all the rest are wrong. As each school believes that it is the only right one and that the others are in ignorance and error, there is no possible means for the layman to determine which is really the right one. The only just way out of the dilemma, therefore, is to abolish the control of the practice of medicine altogether and permit everybody to practice who wishes to do so, leaving it entirely to the people to choose their medical advisers.

With a show of plausibility, these sophists say: "Why are there no different schools of physics, schools of chemistry, schools of botany? Because these are *sciences.* Medicine, on the other hand, is no science at all, but a conglomeration of mistakes and superstitions." Says one of the periodicals devoted to quackery of the worst form: ". . . They are the advocates of the various schools of medicine. They do not agree among themselves on a single question of importance to the patient. They exhaust the vocabulary of vituperative words in describing each other's practice. The homeopath calls the allopath a murderer, while the allopath calls the homeopath a flim-flammer. The eclectic is as sure that the allopath is wrong, as he is sure that he himself is right. . . The dear people are warned by the allopath against the homeopath. The unsuspecting public is warned by the homeopath against the allopath. The unsophisticated masses are warned by the eclectics against all other schools of medicine," etc., etc., *ad nauseam.*

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But let us look a little more closely into the matter. Are there really such wide and fundamental differences among the schools? Let us take, for example, a case of placenta previa or one of traverse presentation. Is such a case treated differently by the allopath, the homeopath, and the eclectic? Not at all. All competent practitioners of either of these schools will treat it exactly alike. Take a case of Potts' or Colles' fracture, or one of dislocation of the shoulder. Will it be treated differently by followers of the different schools? No, but exactly alike. Will a stone in the bladder, an intussusception of the bowels, an incarcerated hernia, an acute or chronic otitis media, a severe nasal hemorrhage, a foreign body in the larnyx, a trachoma, an iritis, a glaucoma, a severe shock, a case of poisoning, etc, etc., be treated differently by the representatives of the various schools? Most emphatically, No! All such cases are treated practically alike by the educated and competent physicians of all schools. If there are any differences, they are not more divergent in character than the variations in treatment practiced by the followers of one and the same school. The real difference among the schools becomes only manifest in the internal treatment of *some* internal diseases. But even here there is a universal agreement as to the general management of the case, as to hygiene, nursing, diet, etc. The difference is only in the drugs used and in the doses, and even in his respect the barriers are beginning to be thrown down, and what at one time seemed to be an impassable gulf is beginning to be bridged over. The homeopaths now largely recognize that the reaction against excessive and careless dosage during the last quarter of the eighteenth and the first quarter of the nineteenth century, has swung to the other extreme, and the majority of them have at present no scruples in using drugs in the same doses as they are used by the regular physicians. The eclectics, to whom at one time mercury was the incarnation of everything wicked and diabolic, are now using the salts of that metal without any compunction. They have perceived that it was the careless and excessive administration of that drug that occasionally worked havoc with the patient's constitution, and that if administered with proper precautions—a thing necessary in the administration of any drug—it is one of our most powerful therapeutic weapons. Even the newest remedies, the latest products of the synthetic laboratory, are used with almost equal frequency by the followers of all the three schools. Druggists with a large prescription trade, who are patronized by regular physicians, homeopaths, and eclectics, testify to the fact that while in minor ailments and in mild diseases the treatment by physicians of adverse schools may vary widely, yet in severe diseases and in emergency cases the prescriptions are practically the same—the drugs and the dosage—no matter from what school they emanate.

Again, graduates of the homeopathic and eclectic schools at-

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tend the regular post-graduate schools and the foreign universities side by side with the regular physicians, and we speak from positive knowledge when we say that there are few among the best educated homeopathic and eclectic physicians who do not subscribe for one or more regular medical journals. The regular profession, on the other hand, fully and cheerfully recognizes that both the homeopaths and eclectics have done their share in behalf of medical science, and have contributed towards greater care and exactness in drug therapy. In the medical press—and of late more and more often—voices are heard against sectarianism, and the sentiment is slowly but surely crystallizing that there is but one science and art of medicine, and that minor differences in the treatment do not offer sufficient justification for the existence of separate schools.

The only unpleasant feature connected with the CRITIC AND GUIDE is the necessity of reminding our friends that they are expected to remit the modest subscription price of one dollar at the end or beginning of each and every year. We do not expect to get rich, but we must pay our expenses. Will you take the hint and remit *at once?*

Please do not try to form a judgment of the CRITIC AND GUIDE from one issue. You would not try to judge of the climate of a country from watching the weather during one day, would you? And for this reason I do not like to send sample copies. If you want to know what the CRITIC AND GUIDE really is, you must read it for a year, or six months at least.

The greatest invention in the world is—woman. A good thing, that at the time she was invented there was no Patent Office. Think of somebody obtaining a perpetual monopoly on her!

Don't take yourself too seriously. The world would go on without you just as well, or almost so.

When Smugosity, Pomposity and Mediocrity occupy the stage, then the wise people stay at home.

Editorial responsibility cannot be divided. There cannot effectively be two captains to a ship. When the pilot comes on board the captain temporarily resigns command. Right you are, Dr. Millican.

The two blackest vices are disloyalty and duplicity. I think I'd rather be accused of anything else than that. Social life itself becomes an impossibility in the presence of those vices. And I hate anything that impedes the development of social life.

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[For the Critic and Guide].

CHRISTIAN AND OTHER PSEUDO-SCIENCE VERSUS MEDICAL SCIENCE.

By VICTOR A. ROBINSON
of New York and East Aurora.

To view Christian Science with the utmost tolerence, with the greatest charity that truth and reason will allow, the fact still remains that it is useless and harmful. Harmful because it rests on the muddle of mysticism, harmful because it is a superstition hindering science, harmful because it is a "religion" taking away our attention from earth—something which should never be done until every man, woman and child have enuf bread to eat, enuf clothes to wear, a home to lay their heads, and just a little time to love, laugh and loaf. Useless, because all that is valuable in Christian Science had been practised by the physicians long before Mary Baker Glover Eddy turned the scriptures into a pharmacopoeia, and told us that a dose of verses like this, "The prayer of faith shall save the sick and the Lord shall raise him up," is a good remedy for a broken leg of a chair.

Every physician knows the value of a cheery presence, and keeps, or tries to keep, his patients in a happy optimistic mood; he often tells them they are improving, when they are doing nothing of the kind. But the doctor is sane. "He knows," says Casson, "that in some cases a drug will do more than oral suggestion, and that in other cases oral suggestion will do more than a drug." He also knows that an imaginary sickness can be cured by an imaginary remedy, and that if a patient makes up his mind he needs something, it is generally best to let him have it, or let him think he has it. "Patients prescribe for themselves," I heard a physician say. Every doctor has his *placebo*.

The Voice of the Hooligan, in talking to the 'arf-made recruity who goes out to the east, and acts like a babe and drinks like a beast, says, "Beauty won't help you if vittles is cold, and love ain't 'nuf for a soldier." I parafrase: "Babbling won't help you, if arteries are cut, and hope ain't 'nuf for a cancer."

Let the fact stand, that if you break your humerus, and a part of the bone protrudes thru your coat, it is better to have it set as soon as possible, than to lie, "Oh, it feels fine;" if you have eaten too much, instead of repeating, "I am hungry, I want more," it will be much wiser to simply take an emetic, and thus get rid of the surplus food.

From an address delivered at the Roycroft Chapel, Nov. 17, 1904.

It is well to bear in mind that the Roycrofters look down with somewhat of contempt upon doctors and drugs. Hubbard himself is somewhat muddled as to the true value of medicine. He has but a hazy idea as to the difference between the advertising quack, the blatant ignoramus and the true modern, scientific physician. And strange as it may seem, some of the Roycrofters are mental "scientists" and other kinds of "scientists." The address has therefore a peculiar raison d'être.—Editor.

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To a failing heart oxygen and digitalis will do more good than repeating a hundred times: "My heart beats in tune with the universe. In swallowing an overdose of morphine, potassium permanganate will *demonstrably* do more good than seven chapters from Mother Eddy's Science and Health.

Consumption cares little for mysticism; cholera laughs at the "subliminal self"; hip disease has nothing but contempt for the "radiant center"; cancer sneers at Madame Eddy; small-pox scorns words, words, words; diphtheria is not frightened by the "prayerful attitude"; rheumatism does not yet seem to comprehend the "essence of infinity." Bad blood, poor hearts, weak lungs, broken bones, diseased organs, hemorrhoids and torpid livers, all seem marvelously indifferent to rhapsodies, ecstasies, prayers, ravings, visions, fits, spiritual insight, soul-intoxication, and subliminal consciousness.

Mysticism is reactionary; medical science progressive. While the religionist, with his contempt for what he calls "human wisdom", "mere intellect", "mortal mind", communes in silence with his spirit, and contemplates the "subliminal self", or meditates upon the "universal I am", the medical student, starting at the cells of microscopic dimensions, studies patiently the protoplasm of these cells; the life of the cell, its breathing, nutrition, excretion, locomotion, changeability, division, reproduction, and all this, mind you, with a cell so small that thousands upon thousands of them can be placed upon the point of a needle! And thus continues the true medical student until he has explored every organ, every tissue, every inch, every particle of the human body. But as for the mystic, says Casson "Without having studied science, he has got above it. Without having spent a day in a chemical laboratory, he knows more about matter than all the chemists. Without having read a book on psychology or brain diseases, he knows more about mind than all the specialists. Without even knowing the location of the various organs of the body, he can heal incurable diseases."

Like an advancing tide, like a swelling ocean, Science has been slowly drowning superstition, mysticism, occultism. The religionist of former generations laid great stress on miracles, claimed to perform miracles, and counted miracles as evidences of his theories. But there was a man by the name of David Hume, and he had a few words to say on this subject. Then arose the grand Alexander Von Humboldt, and flashed across the earth the Truth that "the universe is governed by law," and not by the whims of deity, that all is natural, and there is no supernatural, that nature is supreme and has no master, that every cause must have its effect, that no link in the chain can be broken, and that a miracle is a violation of all this, and consequently an impossibility.

The miracles of mystics are growing faint and scarce; like the echoes from the horn of Elfland, they are "dying, dying, dying."

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So the modern mystic, forced to abandon the miracle of nature, is "explaining" loudly, because it is as yet a subject little understood, what might be called, the miracles of psychic phenomena. It is based on the unknown; every religion, since the time that primitive man roamed the untamed forests and stubbing his naked toe against the root of a tree, worshipped it, to placate, to appease it, has been based upon the unknown. The more knowledge, the less superstition. We live in great times. Upon every hand appear the Sons of the Morning. The Heralds of Truth are blowing their bugles, and their notes are asking "Why?" "Where?" and "How do you know?" But the phenomena of psychology will soon be explained, its true students gather the facts and present them to the world, they will give "a scientific explanation of these abnormal mental states that will remove occultism forever from the path of progress."

It is useless to say that medical science is not perfect, for it neither claims nor pretends to be. Doctors sometimes make mistakes, errors, blunders; they sometimes diagnose wrongly and they sometimes analyze incorrectly. The physicians who told Jane Addams there was no hope for her, are all dead, and Jane Addams is alive and well, one of the most useful and helpful women in our help-needing country. "When doctors disagree" is proverbial, and has recently caused the editor of the CRITIC AND GUIDE to wittily remark that an almost infallible recipe for becoming a medical skeptic, is reading 200 different medical journals, and he should have put it at a much lower number.

Yet he who knows anything of medicine of a generation or two ago, and compares it with the medical science of to-day, cannot but be astounded at the wonderful progress made, cannot but be raised into a high state of admiration for the achievements of the human brain, when it is unretarded by devils, gods, gnomes, fairies, spooks, sylphs, miracle-mongers and salamanders. It is real science now. That is enuf.

Medical science is on the scientific path, on the open road to knowledge. It is restless, it quivers with life, it holds out an eager hand for facts. Its face is toward the light, it welcomes the sunbeams, it advances, it progresses, it is making head, sailing straight thru the great channel of Demonstration. Medical science, rocked upon a stormy sea, among a mutinous crew, has ever heard a Columbus, with his cry "Sail on and on and on!"

"The great and insuperable difference," says Casson, "between doctors and faith-healers is that the former have their faces turned towards science, and the latter have their faces turned towards superstition."

I do not strive to vindicate medical science. I guess it needs no vindication. I think its vindication is written in the practical elimination of cholera, small-pox, yellow fever; its vindication is written in the discovery of the circulation of the blood, anes-

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thetics, anti-septics and diphtheria antitoxin; it is written in the lives of Harvey, Haeckel, Huxley, Virchow, Koch, Pasteur, Marion Syms, Langenbeck, Lorenz, Lister and the thousands of unknown self-sacrificing heroes; its vindication is engraved on the heart of the mother who presses to her glad bosom the darling grasped from the chilly grip of death; its vindication is written in nations saved from pestilence and plague; its vindication is written in the story of science, in the history of progress, in the march of the race.

Medical science and research will continue as long as our planet revolves on its axis, but I believe the day is coming when medicines will decrease, and drugs will be in slight demand. That day will be when the average individual knows enuf about his own body, or her own body, to properly care for it; that day will be when we get close to nature, and realize that after all, nature is the only great life-giving source. The man who walks in the morn while the dew is yet upon the grass, who pitches the new-mown hay, swings the ax, or makes use of the steel-toothed saw, who climbs the hills where the flowers toss their heads, and the cows moo and lay down, where the rustling leaves mingle their music with the singing birds, and the deep lull-lull of the murmuring brook from the valley is heard; who is wooed by the winds, who looks straight into the face of the shining sun, who stretches his arms, expands his chest and breathes in life! life! life!—this man has little need of medicine. He absorbs no poisons into his system, and he needs no antidotes. Toxicology is to him a useless study. Nature never went to college, has no degrees, has earned no diplomas, but is a pretty good doctor, and her fees are always reasonable.

I must conclude. The word which gleams before our eyes is Science, and Science, what is Science? Ernest Haeckel, the greatest human being living since Herbert Spencer buried himself in eternity, says "Science is systematized common-sense." That's a pretty good definition. Suppose we remember it: Science is systematized common-sense. Science is systematized common-sense.

[For the Critic and Guide].

THE INCREASE OF SELF MEDICATION AND ITS DANGERS.

By L. Buckle, M.D., New York.

No matter how far back into the past we direct our searchlight, we will discover the people resorting to self-medication. The Chaldean, the Egyptian, the Greek, the ancient Jew, all knew of some drugs supposed to possess virtues of healing certain ailments; and at one time, or another, used them for that purpose. But, not until the latter part of the last and beginning of the present century, particularly in this country, do we find this evil

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spreading with such alarming rapidity and reaching such dangerous extremes.

Diseases of a most serious nature, specific and otherwise, which would have puzzled Hippocrates and made Galen think twice, are, now, readily and unhesitatingly diagnosed and treated by the laity. And it is no more the root, the bark, the herb or leaf of the olden times, that the people are using for the relief or cure of their afflictions; it is the pill guaranteed to cure, the suppository warranted to relieve, the salve promised to soothe and heal, and the hundred and one concoctions certified to stimulate, tone up, invigorate and restore to health.

The heavy downpour of literature, in the shape of calendars, booklets and other advertising matter, teaching the laity the symptoms and signs of the various diseases, together with their etiology, diagnosis, complications, sequelæ, and treatment; as also the numerous testimonials appended thereto of such great people as ex-senators, mayors, police captains, pugilists, actresses (even admirals of the navy), etc., greatly aid and stimulate this dangerous habit of self medication. Of late we find even hundreds of physicians, or so-called physicians, themselves manufacturers of secret nostrums, advertising their products to the people and instructing them how to treat their own cases. Such appeals and instructions, coming directly from medical men, can not fail to attract the attention of some people, capture their confidence and, thereby, help considerably the spread of self medication.

Equipped with so many "harmless," mostly "guaranteed," sure cures and taught to recognize with ease their own ills, the people are, now, more than ever before, prepared to treat almost any ill human flesh is heir to. And they do it with a vengeance!

The young lady, who at times feels dizzy, suffers headaches, is constipated and has no appetite, gets hold one day of one of these booklets or calendars, scans thru its pages, and pretty soon finds out that she has—the booklet calls it—catarrh of the stomach; and is advised to take a bottle of—not Peruna—some other great catarrh cure. And this young lady solemnly believes every word this booklet contains, and admires the fact that the book could find out just the symptoms she felt. She hurries to the drug-store in full confidence that this medicine is going to cure her catarrh of the stomach. In this manner many other afflictions are diagnosed by simply referring to this waste-basket literature: look up the symptoms to exactly match the case, and treat it as recommended therein. This is a very easy way to arrive at a diagnosis, and the laity just love it.

And so the demand for this or that cure-all is growing more and more with every succeeding day. Already the drawers and shelves of every well-established pharmacy are over-crowded with hundreds of these "specifics," "discoveries" and "magic cures," all of which are perfectly "harmless." So numerous

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have these nostrums become of late that space and money forbid the average druggist to carry them all in stock. Only those of the most frequent demand are kept; the rest are ordered *pro re nata.*

Now, with the market so plentifully supplied with such wonderful therapeutic agents, and the people so highly stimulated to freely medicate themselves, the grave results that follow may well be apprehended. The over-confidence a great many people have in these remedies puts them off their guard and prevents them from consulting a physician at the earliest possible opportunity. Not infrequently it happens that when, at last, a physician is sent for, he arrives only to find that the disease has been allowed to progress so far as to be almost beyond repair or entirely hopeless.

I know of a case where a young woman suffered pain on the right side for several days, and thinking it was her stomach that troubled her she took some patent medicine she saw recommended for that ailment. It did not relieve her, but, nevertheless, she persevered in this treatment until her husband interfered and called in a doctor. It was too late this time. She was sent to the hospital where she died of peritonitis as a result of her neglected appendicitis. Another case which came to my personal notice was that of a boy who had diphtheria. His mother, a very ready diagnostician, thought he caught a cold and gave him some of her favorite cough medicines; but, the Klebs-Loeffler bacilli did not seem to mind it at all and the boy grew worse and worse. On the fourth day things became so ugly that a physician was hurriedly sent for. The doctor used antitoxin twice and the boy, after a severe and prolonged illness, during which otitis media developed as a complication, finally recovered. The Unknowable knows what might have happened if antitoxin had not been used!

These two cases are sufficient to show the great danger involved in self medication. The over-confidence of the laity in these nostrums, their inevitably mistaken diagnosis, and the calling in of the physician only as a last resort, are factors leading to increase the suffering of the sick, diminish their chances of recovery, and, often times, cause their premature death.

BRAIN-FAG AND ITS EFFECTS ON HEALTH.

By John Knott, M.A., M.D.; M.R.C.P.
DUBLIN.

Sydney Smith usually receives credit for having popularized the aphorism that "a man is always happy till he finds out that he has digestive organs." Functional derangements of the stomach and liver have long been known to exercise a baneful influence on the owner's enjoyment of the good things of life. But it has

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been reserved for this present epoch of over-civilization and *jeune siècle* refinement of speculation, to discover and deplore the injurious effects which overstrain of the organs of thought and sensation exercises over the other portions of the human frame. Thinking men have, of course, for many ages been conscious of such influence; but it was only in a very vague way. According to the celebrated author of the *Anatomy of Melancholy*, Socrates is answerable for the dictum:

> Oculum non curabis sine toto capite
> Nec caput sine toto corpore,
> Nec totum corpus sine animo.

A fairly accurate knowledge of the structure and functions of the central nervous system has been attained only within a very recent period indeed. It is now well known that the human body, as in the case of other animals, is essentially formed of a series of minute conducting threads, called "nerves," each of which is connected at one end with one of the fundamental cells of which the various tissues are built up; and, at the other, with a nerve cell, which regulates all the functions of the latter. The rest is merely padding and protective covering—the "leather or prunello" of the complete organic structure. The nutrition of these physiological units is supplied from the blood, minute tubular vessels containing which ramify everywhere among those threads and cells of the body. The blood-vessels are themselves supplied by absorption, from the products of digestion within the alimentary canal; and the nutritient contents pass out, by a process of leakage, to the various tissues in their neighborhood. How the latter select their own pabulum from the constituents of the blood, and so skilfully repair the waste which continually goes on during the existence of life, is explainable only by the influence of a vital force—a power of organic life, the heart of whose mystery has not yet been plucked out by the scientific physiologist. It is, however, well known that the amount of blood supplied to the tissues, and the peculiar selective power of the latter, by which they regulate their own nutrition, are both directly governed by the central nervous system. Accordingly, when the influence of the latter has been completely cut off from any portion of the living body, nutrition entirely fails, and local death is the result. When the demonstration of this connection has once been satisfactorily understood, it will be seen to follow, as a corollary, that if the nervous system is not in a condition to perform its usual functions, the nutrition—*i. e.*, the health—of the whole body must suffer.

"Mens sana in corpore sano" is an adage old enough to be at least venerable. The idea connoted by the *mens* of the mediæval metaphysician, or *mind* of the average educated person of the twentieth century, is one which will be found on close examination to be sufficiently vague. What was the nature of the

mind, and what was the nature of the soul, what functions they possessed in common, and how far they were to be regarded as separate organs, are questions which have agitated philosophers for untold centuries; and which, undoubtedly led, in their treatment by the Aristotelian schoolmen, to some of the most brilliant displays of speculative subtlety and logical brilliancy that the world has hitherto seen. The philosophers of ancient Greece, nearly every one of whom entertained the most elevated ideas of the functions of the human intellect and displayed the keenest hankering for the immortality of thought and of the mysterious organ of its production, showed a painfully amusing degree of ingenuity in their endeavors to locate the seat of the spiritual portion of man. Plato and Democritus placed it on the head, throughout; Strato, between the eyebrows; Erasistratus, in the investing membrane of the brain; Herophilus, in the ventricular space in the interior of the brain; Parmenides and Epicurus, all over the breast; the Stoics, either in the heart or in the spirit about the heart; Diogenes, in the curved portion of the aorta, which, according to him, was filled during life with the vital spirit; Empedocles considered that it was distributed throughout the mass of blood; and Pythagoras divided the soul into two parts —of which he placed the *vital* portion in the heart, and the *intellectual* in the head. When the doctrines of the Christian faith were adopted by the nations of Europe, a period of truce was set to these "vain speculations." For many centuries little or nothing was added to the physical knowledge of the human body, and the teachings of Aristotle were accepted as final in the metaphysical domain. With the revival of learning, the restlessness of human enquiry again manifested itself; and as the knowledge of the intimate structure of the human frame slowly (and I may say, painfully) increased, new guesses began to be made concerning the habitat of the soul. With the very gradual growth of the physiological investigation of the nervous system the tendency to locate the soul somewhere within the brain became more defined; and a curious degree of ingenuity—half physical, half metaphysical—was displayed by various authorities in discussing the probabilities of the favored situation. Most would place it in the median plane—in an azygos, or non-symmetrical, organ. For instance, Descartes placed the soul in the *pineal gland*, Bonnet in the *corpus callosum*, Digby in the *Sæptum lucidum*, Platner in the *corpora quadrigemina*, Haller in the *pons Varolii*, and Boerhaave in the *medulla oblongata*. It is rather hard to realize the serious defence of such speculations by men of gigantic intellect. Yet such is the history of human thought! The increasing use of the microscope and of the telescope, the free exchange and more rapid transmission of ideas which have developed to such a previously unthought of extent in the second half of the nineteenth century, have had the undoubted effect of

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checking the future developments of such discussions—at least among scientific men.

To the distinguished physiologist and physician, Gall, certainly belongs the merit of having first strongly advocated the localization of the organs of thought in the superficial part of the brain. The name of this man is very generally mentioned in the present day with a certain amount of derision—as he is almost solely known to the general public as the founder of phrenology. Yet, "faddist" as he undoubtedly was, it is hardly any exaggeration to say that Gall did more to advance our knowledge of the structure and functions of the human brain than did all the scientists of his own, and of all preceding, ages. Even the exaggerations into which his great hobby of localization led him, had the effect of stimulating the observations of his contemporaries—if only for purposes of contradiction. No scientific facts are now better established than our knowledge that all the intellectual operations of the human mind are performed in the cells of the cortical layer of the brain; and that the functional activity of these, as well as of all other cells of the body, is accompanied by, and dependent upon, increased molecular movement. But what the mysterious force is, which guides and regulates these molecular movements, we know no more definitely than did Pythagoras or Democritus. The partition which separates the *known* from the *unknown* (and *unknowable*) is very thin indeed; so thin that we almost seem to be able to *feel* through it. But we cannot *see* through it; it remains as opaque as ever! Let us then reverently bow before the unseen Architect of our being; and, while we recollect that absolute and final knowledge on any subject has not hitherto been attained by man, let us try to utilize with profit what attainments we possess.

The superficial layer of the brain—the marrow-like mass which fills the interior of the skull—is densely studded with the *nerve cells*, of microscopic size, which collectively form the great imperial parliament that presides over the functions of all parts of the body. Every cell of every tissue of the body is more or less directly connected with these governing cells, by means of the telegraphic filaments which are known as nerves. As already mentioned, the nerve cells and nerve filaments (which are themselves formed of elongated cells) are dependent for their nutrition on the supply of blood, and this latter is in its turn regulated by the influence of the nerve centres. Hence it is that any derangement of the latter can never be limited in its results to its own area—it always transmits the ill-effects to distant parts.

Near the under surface of the brain, and in the slender continuation of its substance which passes down along the backbone, are placed the subsidiary centres which deal, in the first instance, with the lower animal functions of motion, nutrition, etc. These, like all the others, are held in check by the higher centres above referred to.

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We are now in a position to appreciate the evil effects which must result to the whole system from over-work of the brain. As the brain is now, so far as I know, always spoken of as the organ of thought, it is almost superfluous to add that by over-work of the brain I mean over-work of the intellectual faculties. In this age of over-civilization and over-refinement, of ceaseless hurry and worry, of ever-recurring examinations for young people, and of never-ceasing competition among their elders, when so large a proportion of the population is to be found crowded together in large cities, and when education is distributed by external pressure to the least fortunate members of the community, the organs of human thought are subjected to an amount of wear and tear which could not have continuously affected so many members of the human family at any previous date in the history of the world. Let us examine more closely the conditions and the consequences of such over-work. The brain, like all other organs of the body, receives during health a supply of blood fairly proportional to its activity at any given moment. The blood vessels here, as elsewhere, are provided with muscular and elastic coats; and their calibre is, accordingly, under the control of the nervous system. Where the nerve centres themselves become exhausted by over-work, they necessarily lose this control more or less completely, according to the degree of previous strain. In the state of health, a resting organ of the body will be found to have its blood vessels contracted, and the part will receive but enough pabulum for a vegetative existence. Where the same organ is passing into a state of activity, its blood vessels will be found to dilate instantaneously, and a greater proportion of the nutritive fluid is allowed to pass through, to supply the necessary loss by wear and tear. These changes in the circulation occur in the brain as elsewhere; but here they are even more notable, as the blood vessels of the brain are thin-walled and yielding, beyond those of other organs. Also, as occurs in other organs, this increase of circulation, which accompanies functional activity, always promotes the healthy nutrition of the organ—up to a certain limit. Where this process of over-strain has been too prolonged, the coats of the blood vessels of the part partially lose their elasticity and are slow to recover their ordinary healthy contractility. When the stage of exertion has been too much or too often repeated, the walls of the vessels tend to approach a condition comparable to that of over-stretched india rubber, the minute blood vessels remain permanently dilated, a greater quantity of blood is found in them, but circulating more sluggishly; the exchange between the blood and tissues takes place more slowly, the circulation is less pure, the part is in a state of chronic congestion. As the nose of the tippler develops a tell-tale blush during the period of festivity, which, in the earlier years of enjoyment, afterwards disappears—quickly at first, by and by more slowly—so is it with

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the brain of the over-read or over-worried man. In either case, the blush, after some time, tends to become permanent; and, in many cases, curious excrescences may form.

When such a state of circulation has become established in the brain, its functions are necessarily seriously impaired. The individual affected fails to preserve the same clearness of thought, the same degree of mental energy, of readiness of resolve, of quickness of resource, and of capability of continuous and determined action, for which he may have been formerly distinguished, and which had been so important to him in the daily business of life. This intellectual deterioration may be a source of ruin to a man whose success in business depends solely on his own activity.

But in addition to this failure of the mental powers, there is, as will be easily perceived, I think, by the reader who has noted what has been already said, a marked deterioration of the general health. The well-known physiologic fact that mental work tends to check the secretion of the gastric juice, tells rapidly on the digestive functions of those anxious and worried individuals who cannot, or will not, allow themselves a fair amount of rest after meals. This habit, when continued, tends, with the restlessness and sleeplessness which torture the unhappy owner of an over-worked brain, to reduce him to the state of a morose dyspeptic, whose life is a burden to himself, and whose presence is unpleasant to others; and who has little to look forward to in life but the dreary accompaniments of a premature old age. Such are the evils which, with the innumerable smaller collateral ones, are brought on by the refusal to the organ of thought of its due share of rest. Such symptoms are commoner now than in former ages of the world; most frequently observed in the land of rapid progress—America; and induced oftener than in any other way by the too devoted worship of the almost universally presiding deity of this materialistic age—the Almighty Dollar.—*N. Y. Med. Jour.*

SCIENCE VERSUS SECRECY.

Science Versus Secrecy.—Circumstances have brought again to the front a question earnestly debated some 15 or 20 years ago, but apparently without good result. However, in medicine, as in all other human affairs, "nothing is settled until it is settled right." We therefore welcome the renewal of the discussion as to the responsibility of physicians for the degradation of the professions of medicine and pharmacy involved in the use of secret medicines. Progress in medicine depends upon knowledge. The more exact our knowledge of disease and of recovery, the more comprehensive our view of the factors that influence the human body in health and in sickness, the greater will be our power to aid in the restoration of health.

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Science is systematized knowledge. The advancement of medical science depends upon the enlargement of exact observation, the increase of ascertained facts. Whoever contributes to this enlargement of knowledge, whoever adds to the number of useful facts, whoever contributes to the rejection of false reasoning, to the correction of false observation, to the overthrow of superstition, aids in the progress of medical science. On the other hand, whoever withholds or encourages the withholding of useful facts, whoever adds to the sum total of false observation, whoever encourages false reasoning, impedes progress and obstructs knowledge. Science is knowledge. Secrecy is denial of knowledge. Secrecy concerning alleged remedies can be inspired only by fraud or avarice, or both. In most cases, alleged remedies of which the composition is kept secret are—like their makers—frauds; that is to say, they are either well-known remedies disguised and falsely named, or they are not remedies at all. In the improbable but possible event of a secret preparation really being new and valuable (and altho there are historic instances of this, we are aware of none such among contemporary nostrums) the only reason there can be for concealment of its composition is the unworthy itch for undeserved gain. The patent laws, which preclude secrecy concerning a patented article, afford full protection for any new discovery from which the discoverer desires to reap a legitimate profit. Failure to patent, if accompanied with publicity, means that the discoverer nobly recognizes his obligation to science and humanity. But if accompanied with secrecy, it means either that there is no new discovery, or that the discoverer is not satisfied with just profit and desires to practice robbery. Secrecy, we have said, is denial of knowledge. Physicians who prescribe alleged remedies of secret composition encourage secrecy, thereby obstructing progress and betraying science. They cannot shift their responsibility to the manufacturer, or the advertiser, or the patient. They have made deliberate choice of the wrong path. They are unfaithful to the profession, unfaithful to the obligations to spread knowledge, unfaithful to the duty to advance human welfare. Knowledge is light. Secrecy is darkness. The old religions and mythologies that portrayed the battle between good and evil as a struggle between light and darkness, did not miss the mark. The Hebrew scriptures make light the first manifestation of creative energy; God sees the light "and it is good." In the Persian dualism, Ormuzd, the god of light, is the source of all good; his opponent, Ahriman, wields darkness as the weapon of evil. The Greeks spoke of Apollo, the sun god, the Shining One, as the great healer, the god of medicine; while Hades, who dwelt in the nether world of darkness, typified disease and death—and as Pluto of the Romans was also fittingly the god of avarice. In the unceasing battle between light and darkness, good and evil,

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truth and falsehood, knowledge and ignorance, life and death, physicians must choose their part. The hosts are divided. Over one floats the black standard of secrecy; over the other the white flag of science. "Whoever is not with me is against me," said a great teacher of old. The physician who refuses to battle with Ormuzd is numbered among the servants of Ahriman.—(Edit. by S. Solis Cohen.

ETHICAL PHARMACY.

A. L. Benedict, A.M., M.D., of Buffalo, N.Y.

(*Editor's Note.*—I have always maintained that the very existence of pharmacy as a profession—as a profession, mind you, I say, not as a trade—depends upon the physician. Let the medical profession start to do its own dispensing, and the professional pharmacist becomes superfluous. It is therefore important, so it seems to me, to keep the pharmaceutical profession informed as to the feelings and opinions of the medical profession relative to it. For this reason I publish herewith Dr. Benedict's paper, read before the American Academy of Medicine at its last meeting, and I have no doubt it will be read with interest.)

The typical city drug store represents a bizarre combination of businesses. It is usually a public telephone station, often a branch postoffice, express office, place to pay gas bills, sometimes a branch circulating library, and laundry. One can buy candy, hair brushes, tooth brushes, soap, valentines, knives, and various other articles of merchandise, tobacco, soda water and other soft drinks, and occasionally strong liquors as beverages. At some stores one can even obtain a light lunch, at others pet animals, gold fish, etc. In short, if you want anything and do not know exactly where to seek it, it is a good rule to ask at the drug store. There is no particular ethical objection to the the public altho the physician, who is wont to take his medical equipment rather seriously and exclusively, never quite recovers from the incongruity of such signs as "prescription counter in the rear," "prescriptions a specialty," etc. It certainly would surprise the public if, after our name on a sign, we displayed some such notice as this: "A specialty made of attending to patients."

However, the public is not allowed to forget that the drug store exists for the purpose of selling remedial agents. More or less startling and often life-size display cards remind us of the virtues of plasters "which feel good on the back," and which serve partially to hide the charms of ladies and gentlemen in undress. Menstrual pads make an attractive window dressing, especially if flanked with an illustrated reminder of tablets which work while we sleep and break the monotony of

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a night's rest in a sleeping car. Gigantic green frogs amuse the children and remind adults of the frog in their throats, while vaginal syringes are instructive to the young and afford a subject for thought on the part of the statistician who is interested in our falling birthrate. A pasteboard trained nurse can be made to advertise pretty nearly anything, and, if she can do some automatic feats with an atomizer or a sprinkler, she is doubly charming.

On entering the store we find that the front shelves and, indeed, sometimes all that are visible, between the soda fountain and the prescription department, are devoted to an object lesson in the uselessness of our own profession. It even seems strange that there should be a prescription department at all, when all the ills to which humanity is heir can be relieved by the purchase of the appropriate remedy, neatly and not very expensively componded, and with explicit directions for the guidance of patients, either on the label or included with valuable information as to the sun, moon, and stars, or a complete joke book or collection of popular songs.

However, the patient who runs this gauntlet of proprietary medicines and who escapes the druggist's own advice as to headaches, rheumatism, bronchitis, etc., is welcome to present his prescription at the desk, and, if we have been careful to avoid the metric system and have limited ourselves to codliver oil, calomel, and tincture of opium and similar staples, he can get it filled with slight risk of error and with reasonable promptness. If, however, we have written for some such troublesome preparation as oil of phosphorus, or bromin, or for some new drug not yet in constant demand, the patient may have to wait till it is sent for and, unless one practises in New York, Philadelphia, Chicago, and a very few other centers of trade, several days may elapse before the order is filled. Why, as a profession, do we endure all this from a profession which is avowedly, a specilization of our own, for the purpose of supplying medicines and medical appliances? Because, in the first place, we cannot help ourselves, and because, in the second place, in the majority of instances, the druggist is, at heart, not only a good fellow, but an intelligent and conscientious man, who cannot help himself either, but is hampered by all sorts of customs, who is under the screws of wholesale dealers of all shades of respectability, and who is subject to the same, if not greater, competition in an overcrowded profession, which we realize in our own experience.

If the druggist did not sell stamps, soda water, hair brushes, and act as agent for the gas company, the express companies, the telephone company, the laundry, and even for Uncle Sam's postoffice, his store would fail in popularity. We can have no reasonable objection to the sale of soap and toothpowder. It is only a step to porous plasters and antiseptics, and only another

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step to headache powders, liniments, cough syrups, and cathartics. The patient will not, under existing conditions, take our prescriptions to a man who will not sell him his own selection of drugs and aid him in that selection. Many druggists are courteous enough to look embarrassed when we happen to be in the store to see if he can fill a prescription for something a little out of the ordinary, and a man comes in and announces that he wants something for his liver or his little boy with croup. Some have become so accustomed to such occurrences that they overlook even this deference to our suppositious function and privilege.

I am convinced that the druggist cannot help himself out of his present predicament, without the initiative of the medical profession. Some druggists want this assistance, some do not. Some openly declare that they do not care to bother with prescriptions. One man, of whom I know personally, issues cards to this form with every prescription: This prescription is a valuable formula for ————. Yourself or any of your friends can get it on payment of ——. Thus, every physician whose prescription reaches this store, becomes the originator of a quack medicine, without any of the emoluments of quackery. On the other hand, there are pharmacists of good standing, who are not adapted to teaching positions, who cannot write textbooks or secure official appointments of one kind or another, who love their chosen profession and who are practically debarred from practice unless they submit not only to an irksome commercialism, but to methods that they recognize as unethical and, potentially, at least, as dishonorable and murderous.

The solution of the whole problem is perfectly simple in theory, and it has been carried into practice with some degree of success in occasional instances. Find a pharmacist who is qualified in his profession, who wishes not only to make a specialty of prescription compounding, but who will limit himself to such work. Having found one such man in a city, apply exactly the same rule to him and his competitors that should be applied to the genuine and the fake specialist in any other line of medical subdivision. If the ophthalmologist, laryngologist, or neurologist is posing as a specialist and, at the same time competing with the general practitioner in his own legitimate field, while some other specialist is doing honest work in his specialty, the responsibility rests with the general profession, for no specialist can succeed with a double-barreled gun if the general practioners refuse to start the game for him. In the case of the druggist, the offense against the ordinary laws of specialism is even more flagrant, for the druggist is neither competent nor legally qualified to compete with the medical profession.

A study of the directory of any city will show that there is one drug store to every five to ten physicians. Many of these,

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stores have a force of five or more pharmacists, few have less than two, including advanced students. It is absurd to suppose that the legitimate profits on prescriptions, even including the earnings and profits on agencies, soda water, etc., can support any such ratio of pharmacists. The bulk of the support of the so-called pharmacal profession is the patent medicine business and the illegal practice of medicine. Curiously enough, my personal experience has been that the very men who are interested in pharmacal education; who are officially represented with our own profession in the codification of drugs, and who make the best speeches as to the dignity of the profession of pharmacy, have been the most flagrant violators of the principles of ethics, and have made the most glaring mistakes in the practice of their profession. Understand me, however, to refer merely to isolated examples, and to make no general charge against either the profession of pharmacy in general or its most representative portion.

The solution of the problem proposed must, if successfully carried out, involve a marked diminution in the numbers of pharmacists in good standing and a practical separation of the pharmacist as a professional man from the soda water, agency-conducting, retail quack and counter-dispensing business man. Such separations are always wholesome. We can fight or ignore quackery and illegal practice. In the long run it makes more work for the regular profession than it removes by competition, and while it is our obvious duty to combat it in the interests of the community, we are not called upon to place ourselves in a false light and reduce our influence for good, by unwise attempts at interfering with a too powerful influence.

While there is no particular objection to the various, extra-medical side lines carried on in the average drug store, it is obvious that, unless some druggist already in business, were willing to eliminate from his store the entire middle portion and the show window, it would be practically impossible to continue them. The only ethical pharmacy on a practical working basis that I have ever actually seen, consisted of a comparatively small room in a medical office building. There was no pretense at catching custom by attractive displays, and the drug stock itself was not imposing, but I was assured that it contained almost everything prescribable by a man in regular practice, including most of the newer chemicals and the really valuable, ethical proprietary preparations. It was supported by about twenty physicians, and prescriptions were filled not only well, but comparatively cheaply, and to the satisfaction of the intelligent laity. Presumably, other druggists did not like it, but if not, they had every freedom of competing on the same basis.

Some question may be asked as to the business relations of physicians to such a pharmacy. My own idea is that there

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should be none, further than the informal understanding that the physicians should, so far as possible, send their prescriptions to the man who refrains from extraprofessional and unprofessional drug business and also, so far as possible, keep them from passing into the hands of druggists competing on present methods. It may be objected that such a course will lead to the suspicion of interested motives. Undoubtedly, this suspicion will arise as it does under existing circumstances, and I am informed, with ample basis of truth in some instances. Druggists, on whose word I can rely, have stated that they have been practically forced to pay commissions, altho one cannot respect the stamina of a druggist who would yield to such a demand much more than the integrity of the physician who would make it. However, the charge of dishonorable motives is readily met in any particular case, and as the language appropriate in such an emergency would not be appropriate to this occasion, it is unnecessary to enter into details.

DEPARTMENT OF MATERIA MEDICA & THERAPEUTICS

With special reference to new remedies or new uses of old remedies. Appropriate Queries are invited and will be answered in this Department.

THE TREATMENT OF PNEUMONIA.

By William J. Robinson, M.D.

"To treat the patient and not the disease" has become a phrase hackneyed with use. It is nevertheless true, and to no disease is it more applicable than it is to pneumonia. In one case we may have to do absolutely nothing; may not use up five cents' worth of medicine; in the very next case we may be called upon to use our utmost energy, to work untiringly and unceasingly, to administer perhaps a dozen drugs—by mouth, by rectum, by inhalation, by the hypodermic method, etc.—in short, we may have to utilize all our skill and knowledge in an endeavor to tide the patient thru the danger period. This diverse therapy is due chiefly to two factors: first, to the widely different virulence of various epidemics of pneumonia, and, second, to the markedly different effects which pneumonia has on different patients, such as strong, healthy and temperate young men on one hand, and the old, the debilitated, or the intemperate on the other. To speak, therefore, of the treatment of pneumonia as of a complete entity is ridiculous. We can speak of the treatment of the various stages of pneumonia, of the various symptoms and complications occurring during the course of pneumonia—that's all. A treatment of pneumonia as a disease *per se* does not exist.

In the first stage, in strong individuals, with full, bounding pulse, the following is indicated:

Tr. Veratri Viridis.....3 iv

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Two to four minims every half hour, until 4 or 5 doses have been given.

Others advise to keep up with it until the pulse has become soft in character and greatly reduced in frequency.

Instead of the above, the following may be given:

Tr. Veratri Viridis .....3 ijss
Tr. Aconiti .....3 jss
Spir. Æth. Nitrosi.....3 iv

Eight minims every half hour, until pulse is soft and reduced in frequency.

A calomel purge is usually indicated in the beginning; it may do very much good and can hardly ever do any harm. It should be administered in one of the following combinations:

Hydrarg Chlor. Mitis.....gr. vj
Sodii Bicarbon .....gr. viij

Take at once.

Or:

Hydrarg. Chlor. Mitis .....gr. iij-v
Pulv. Jalapæ Comp.....gr. x-xv

If a free and full evacuation does not follow in a few hours, a dose of some saline, like magnesium sulphate or magnesium citrate should be administered, to complement the action of the calomel.

Dover's powder is a favorite remedy in pneumonia and is given in 5-grn. doses at rather frequent intervals—every three to six hours. It accomplishes several purposes: allays the pleuritic pain and cough, induces a gentle perspiration, allays cerebral irritation, and induces sleep. Occasionally the side pain is so severe that we cannot abstain from small hypodermics of morphine, but as a rule morphine should be withheld. A hot poultice to the chest—made of mustard, 1 part, and ground flaxseed, 3 to 6 parts—is very useful. On the subject of ice-bags to the chest in the treatment of pneumonia the profession is strongly divided; personally, we are not in favor of them. An ice-bag to the head, on the other hand, is very useful in cerebral irritation, delirium or hyperpyrexia.

Instead of the hot mustard and flaxseed poultice, many physicians nowadays prefer the antiphlogistine (kaolin glycerin paste) poultices.

If the cough is not excessive, is rather loose, and is followed by expectoration, it should be left alone. If, on the other hand, it is dry, harsh, and painful, and the patient is unable to bring up any mucus, it should be treated. Morphine is not suitable, as it locks up the secretions, and to have all the secreting and excreting functions working smoothly is of paramount importance in pneumonia. The three best sedatives are codeine, heroin, and dionin. Co-

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deine may be given in doses of ¼ to ½ grn.; heroin (di-acetylmorphine) in doses of 1-24 to 1-6 grn., and dionin (ethylmorphine hydrochlorate) in doses of ¼ to ½ grn. A good combination is the following:

Codeinae .....gr. iv-xij
Ac. Hydrocyan. Dil .....3 jss
Creosoti Optimi .....m 1
Syr. Prun. Virg .....ʒ j
Aq. Amygd. Am, ad..... iij

Teaspoonful every three to six hours.

The expectorant mixtures as commonly prescribed are contra-indicated; they have too disastrous an effect on the digestion. Still, the ammonium compounds are frequently useful in liquefying the secretion and making its expectoration easier. The following are good formulæ, as, not being nauseous and syrupy, they are not so liable to upset the stomach:

Ammon. Chloridi .....3 ij
Vini Ipecac .....3 iv
Glycerini .....3 vj
Infus. Prun. Virg., ad.....ʒ iv

Teaspoonful every two to four hours.

Ammon. Carbon .....3 i
Ac. Hydrocyan. Dil .....3 i
Vini Antimonii .....3 iv-3 vj
Tr. Opii Camphor .....ʒ iv
Elixir Simpl., ad.....ʒ iij

One dram every two to four hours.

Or, liquor ammoniæ anisatus of the German Pharmacopœia may be given, in 3- to 5-min. doses, in a little water, frequently repeated.

The kidneys are too frequently overlooked by the physician in treating a case of pneumonia. We know how concentrated and small in amount the urine becomes in this disease; it is therefore important to maintain a gentle diuresis during the entire course. One of the best and safest diuretics is water, and whether the patient asks for it or not, it should be given at very frequent intervals. Never allow a patient to become parched, but it is best to give small quantities at a time—as one can see very obstinate and sometimes uncontrollable hiccoughing arise from the gulping down of a large amount of liquid. As a diuretic the following is mild, safe, and soothing:

Potas. Citrat .....3 ii-3 iij
Syr. Ac. Citrici .....ʒ
Infusi Lini .....ʒ

Tablespoonful every hour.

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Or the following more energetic mixture may be given:

Sparteinæ Sulph	gr. vi-viij
Spir. Ætheris Nitr	ʒ i
Potas. Citr	ʒ iij
Ext. Tritici Fl.	ʒ i
Liq. Ammon. Acet	ʒ iv
Syr. Rub. Idæi, ad	ʒ viij

Tablespoonful every two or three hours.

We now come to the all-important question of cardiac stimulants. In some cases none are required during the entire course of the disease—and it ought to be a rule that if the second pulmonic sound is well accentuated and the pulse is regular, no cardiac stimulants should be administered, or only very sparingly. If, on the other hand, the second pulmonic sound becomes weak; if the pulse is irregular; if cyanosis, perhaps, makes its appearance and the patient becomes restless and delirious, cardiac stimulants should be administered boldly, though, of course, watchfully. What cardiac remedy should be selected? For many years digitalis was considered the remedy par excellence in pneumonia, and it was given in heroic doses. Of late years, in this country, at any rate, strychnine has become the favorite, given in doses of 1-60 to 1-20 grn. at rather frequent intervals, every two to four hours. Many physicians prefer to administer it hypodermically, and its effect is certainly more rapid and more pronounced administered in this way. This is only feasible, tho, in hospital practice or where there are trained nurses in attendance; in ordinary practice we must generally recur to internal administration. The following is an eligible formula:

Strychninæ Sulph	gr. i
Elix. Simpl	ʒ iss
Aq. Amygd. Am., ad.	ʒ iv

Teaspoonful every two to three hours.

If digitalis is chosen, it should be given in the form of a freshly prepared infusion—dose, 2 to 4 drams every four to six hours—or in the form of its chief glucoside, digitalin, the dose of which may range from 1/8 to 1/4 grn. But whichever preparation of digitalis be selected, we must not forget to administer it in conjunction with nitroglycerin. Digitalis possesses a great disadvantage: while it increases the force of the heart-beat, it at the same time contracts the arterioles, and the latter effect is just what we want to avoid in pneumonia. Nitro-glycerin overcomes this objection, as it is a pronounced vasodilator. It may be given in tablet form, 1-100 grn. every hour, or in solution.

Spir. Glonoini	ʒ i
Spir. Vini Gallici	ʒ ij
Tr. Cardam. Comp	ʒ ij

Half to one teaspoonful every hour or two.

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The nitroglycerin must be administered at much shorter intervals than the digitalis, because the effect of the latter lasts for several hours, while the effect of the former is very fugacious.

There is one drug which must not be omitted, as it has been reported on very favorably. Some go even so far as to consider it a specific. I refer to creosote carbonate. It should be administered from the very beginning of the disease, in doses ranging from 3 to 10 min., several times a day. Either one of the following may be used:

Creosoti Carbon (Creosotal).....3 ij
Ol. Olivæ ..... 3 iv
Divide in caps. No. XXIV
One or two capsules three to six times a day.
Creosoti Carbon ..... ℥ss
Saponis .... 3 i
Pulv. Althææ ..... 3 ss
Divide in caps. No. LX.
One or two capsules three to six times a day.
Creosot. Carbon ..... 3 iiss
Spir. Frumenti ..... ℥ i
Elix. Simpl ..... ℥ i
Tr. Cardam. Comp., ad ..... ℥ iv
Teaspoonful three to five times a day.

FLUOROFORM IN PERTUSSIS.

Court Councillor Dr. Stepp has an exhaustive article in the *Therap. Monatshefte* (Nov.) on the treatment of whooping cough with fluoroform. He gives the detailed histories with charts of twenty-two cases, and he expresses his opinion that it is highly probable that fluoroform (CHF_3) exerts a specific action on the pertussis-toxin. The remedy is administered in a two to two and a half per cent. aqueous solution (aqua fluoroformi); this solution is odorless, tasteless and absolutely non-poisonous. The dose ranges from a teaspoonful every hour to very young children to a tablespoonful for older children. We believe the remedy is well worthy of further trial.

Ed. CRITIC and GUIDE: We note on page 147, you refer to the valuable medical properties of ammonium hypophosphite, and we wish to call your attention to the fact that we were the first to bring this remedy to the attention of the medical profession in this country. Of course, the drug has been known for many years, but never extensively used until our preparation was introduced. It could only be obtained in very small quantities and from only a few large wholesale manufacturers.

Very truly yours, R. W. Gardner, 156 William St., N. Y.

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Prescription Incompatibilities and Difficulties

Including Prescription Oddities and Curiosities.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation*)

190.—Tr. Ferri Chlor.....3vi
Syr. Hypophosphitum.....ad...ʒiij
S.: ʒi t. i. d.

An almost solid mass results, or a thick liquid with an unsightly precipitate. The cause is the same as in the previous prescription: the formation of ferric hypophosphite. $Fe_2(PH_2O_2)_6$. Potassium citrate dissolved in the smallest amount of water possible, or simply dissolved in the syrup, should be used to prevent the formation of the precipitate or to dissolve it after it has formed. A perfectly clear solution of a greenish color is the result.

191.—Tr. Ferri Chlor.....ʒii
Syr. Hypophosphitum.....ʒj
Aquæ.....ad...ʒij

If the tincture is first mixed with the water and the syrup then added, no precipitation will take place. Should the first two ingredients have been mixed with the formation of a precipitate, the water will redissolve it. Ferric hypophosphite is slightly soluble in water, especially in the presence of hypophosphorous acid, a trace of which is present in the syrup.

192.—Tr. Iodi.....ʒi
Hydrogenii Peroxidi.....ʒij
S.: For external use.

This prescription is incompatible, and should therefore not be dispensed. On mixing the two liquids a turbid mixture is obtained, with a precipitate of elementary iodine. This, however, would take place also if the tincture of iodine were mixed with plain water. Iodine, being practically insoluble in water, precipitates. In the above there soon commences quite an active reaction between the iodine and the peroxide; the iodine is converted into hypoiodous acid, according to the following reaction: $2I + H_2O_2 = 2HIO$.

This, as will be seen, is similar to the reaction which takes place on mixing chlorine water with solution of hydrogen peroxide. But here the similarity ceases. While the

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hypochlorous acid on coming into contact with another molecule of H_2O_2 becomes reduced to hydrochloric acid (with liberation of oxygen: $HClO + H_2O_2 = HCl + H_2O + O_2$). the opposite reaction takes place with the hypo-iodous acid; instead of becoming reduced to hydriodic acid, it becomes oxidized to iodic acid. Reaction as follows:

$$HIO + 2H_2O_2 = HIO_3 + 2H_2O$$

The writer has established these facts beyond the possibility of doubt; careful chemical analysis proved the absolute absence of hydriodic acid, while showing the presence of iodic acid in abundance.

193.—Potass. Permang.....3ss
Ferri Sulphatis.....3j
Ac. Sulph. Dil.....3ij
Magnes. Sulphat.....ʒij
Syr. Zingiberis.....ʒij
Aquæ.....q.s. ad...ʒviij

This combination minus the potassium permanganate is the favorite prescription of a very well known gynecologist of this city in many female ailments. The above was written by a young practitioner, who thought he would improve it by adding the salt which is reputed to be so useful in amenorrhea. The permanganate is decomposed, while the ferrous salt is converted into the irritant and astringent ferric sulphate; thus:

$$\underset{\text{Potass. Permang.}}{2KMnO_4} + \underset{\text{Ferrous Sulphate}}{10FeSO_4} + \underset{\text{Sulphuric Acid}}{8H_2SO_4} = \underset{\text{Manganeus Sulphate}}{2MnSO_4} + \underset{\text{Ferric Sulphate}}{5Fe_2(SO_4)_3} + \underset{\text{Potass. Sulphate}}{K_2SO_4} + \underset{\text{Water}}{8H_2O}$$

194.—Ammonii Benzoatis.....3ij
Sodii Benzoatis.....3vi
Tr. Ferri Chloridi.....3iv
Tr. Gentianæ.....ʒiss
Syr. Aurantii Fl.....ʒi
Aquæ.....ad.....ʒvi

In this prescription a voluminous precipitate filling the entire bottle is formed. All soluble benzoates are incompatible with ferric salts, insoluble ferric benzoate being formed. The precipitate is described as flesh-colored, but I do not think that that expression aptly describes it. It is rather a light-brown or buff color. If the two tinctures are mixed first, a dark mixture will result, on account of the tannic acid in the gentian producing with the iron the black ferric tannate.

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A TREATISE ON NEW REMEDIES.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation*).

Hydragogin. Hydragogin. A mixture consisting of tincture of digitalis, tincture of strophantus, scillipicrin, scillitoxin and oxysaponin. Recommended as an infallible diuretic in dropsy, ascites, etc. Dose 7 to 15 drops.

Hydrargyrol. Mercury para-phenyl sulphonate or thionate. Reddish brown scales, of aromatic odor, readily soluble in water and glycerin. Its advantages over other mercuric compounds are as follows: It is not corrosive, it is but slightly toxic, is not precipitated by albumen, does not attack metallic instruments and is permanent. A solution for surgical purposes should be of the strength of 1 in 2500.

Hydrogol. An aqueous solution of colloidal silver.

Hydroleine. A good pancreatinized emulsion of cod liver oil.

Hydrosol. An aqueous solution of colloidal mercury.

Hydoxylamine Hydrochlorate. $NH_2.OH.HC_2$. Colorless crystals, very hygroscopic, easily soluble in water and in alcohol. Used in 1 to 25 per cent, solutions in various dermic conditions, such as psoriasis, lupus etc.

Hypnal. Chloral-antipyrine. A combination of chloral hydrate and antipyrin. Colorless crystals, sol. in 6 p. of water. Combines the properties of both chloral and antipyrine. Dose: 15 to 30 grs.

Hypnone. Acetophenone. Methyl-phenyl-ketone. $C_6H_5 - CO - CH_3$. Colorless liquid of characteristic odor and pungent taste. Sol. alcohol and fatty oils, slightly sol. water. Hypnotic. Dose: 2 to 5 min. in emulsion or in capsules.

Hypo-Quinidol. A combination of quinine with a phosphorus radical, probably quinine hypophosphite. On the market in pill form only, 2 grs. each.

Hyrgol. The colloidal form of mercury. Dark powder, almost completely soluble in water, insoluble in alcohol. The aqueous solution is neutral in reaction and not corrosive. The mercury is precipitated in the insoluble condition by acids, alkalies, alkaline earths and salts of the heavy metals. Has been used in syphilis internally and externally (in the form of 10% ointment). Its external application is certainly more cleanly than that of the ordinary Unguentum Hydrargyri. But Falk speaks very disparagingly of it, both as a remedy for external and internal use.

Ibit. Bismuth oxyiodotannate. Fine greenish-gray odorless and tasteless powder. Insoluble in the ordinary solvents; decomposed in con-

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tact with water, liberating iodine. For the same reason it must be protected from light. Recommended as an external antiseptic, in powder form, in ointment or in suspension with glycerin and water.

Ichthalbin. So-called Ichthyol Albuminate. Fine grayish powder, odorless and tasteless (practically). Insoluble in water, soluble in alkaline solutions. Was introduced as a substitute for ichthyol for internal use, but has been unable to replace it to any appreciable extent. Chiefly in intestinal disorders. Dose: 10 to 40 grs.

Ichthargan. Ichthyol-Silver. Silver-sulphichthyolate. A brown amorphous practically odorless powder, freely soluble in water, glycerin and diluted alcohol. Contains 30 per cent. of metallic silver; it is used as an injection in gonorrhea in the strength of 0.02 to 0.2 per cent.

Ichthoform. Ichthyol-formaldehyde. This compound is obtained by the action of formaldehyde on ichthyol. Dark brown powder, practically odorless and tasteless, insoluble in the ordinary solvents. Dose: 10 to 30 grs. 3—4 times a day; externally, as a wound-antiseptic.

Ichthyol. Ammonium sulph-ichthyolate. Obtained by the dry distillation of a bituminous deposit. Contains 8 to 10 per cent of "organically" combined sulphur. Thick brown liquid, peculiar disagreeable odor and taste. Soluble in water, glycerin, fixed and volatile oils, also in a mixture of equal volumes of alcohol and ether. Well established antiphlogistic. Useful as an application in erisypelas, on tampons with glycerin in gynecologic affections, etc. In 1 to 3 per cent solution as an injection in subacute and chronic gonorrhea. Internally in tuberculosis, fetid bronchitis, chronic rheumatism, etc. Dose: 5 to 15 min. in capsules or in solution, flavored with oil of peppermint, oil of bitter almonds, etc. Incompatible with strong acids, alkalies, potassium iodide, mercuric chloride, alkaloids and strong alcoholic liquids.—While ichthyol has been lauded rather too extravagantly, it nevertheless remains true that it is one of the most important and most useful of the "new remedies".

Intestin. Bismuth naphtalin benzoate. A compound or a mixture of bismuth oxide, naphtalin and benzoic acid. Intestinal antiseptic. Dose: 5 to 10 grs.

Iodalbacid. A combination of albumin and iodine, containing 10 per cent. of the latter. Proposed as a substitute for iodine and the iodides Dose: 15 grs. several times daily.

Iodic Acid. HIO_3. White rhombic crystals, soluble in water, insol. in alcohol, also put up in the form of pencils. Caustic, astringent, hemostatic. For the removal of warts, in the treatment of chancroid etc. Recently recommended in the treatment of granular lids and other eye affections.

Iodipin. Iodized Sesame Oil. Obtained by the action of iodine on oil of sesame. Yellow oily fluid, slight iodine odor, oleaginous taste; 10 per cent and 25 per cent. The latter is intended chiefly for hypodermic use. It is recommended as a substitute for the iodides. Dose: 1 to 2 tea-

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spoons 3 or 4 times a day (of the 10% preparation). Hypodermically, the 25 per cent preparation is used in 5 to 60 min. daily doses.

Iodized Lime. Calcidin. A brown powder containing an excess of loosely combined iodine. Probably a mixture of iodide, iodate and "hypoiodite." Highly praised by many physicians as a resolvent, alterative, in croup etc.

Iodized Starch. Amylum Iodatum. This preparation which has been discarded from our Pharmacopeia on account of non-use, is again coming somewhat into prominence. It is recommended externally as a wound antiseptic, and internally (in doses of 5 to 15 grs.) as a substitute for iodine or the iodides.

Iodoform-Calomel. A mixture of equal parts of iodoform and calomel. Prized by some physicians as a wound antiseptic, who believe that in the presence of moisture from the wounds etc, red mercuric iodide is generated.

Iodoformin. Made by rubbing together 1 part of formin (hexamethylene tetramine) with 3 parts of iodoform, in the presence of a little absolute alcohol. Yellowish odorless powder. In contact with wounds, ulcers etc. iodoform is liberated.

Iodoformogen. A compound of iodoform and albumin. Light yellow powder, odorless, insoluble in water. An iodoform substitute of course. Has fallen into disuse.

Iodogallicin. This substance is chemically bismuth oxyiodomethyl gallate. Light amorphous grayish powder, odorless and insoluble in the ordinary solvents. In contact with acids, alkalies or water it is gradually decomposed into its components. Besides its use in ordinary wounds and ulcers, it is recommended in ulcers of the cornea.

Iodol. Tetra-iodo-pyrrol. C_4I_4NH. Brown-yellow powder, slight odor, tasteless, insoluble in water, soluble in alcohol, ether, chloroform and oils. Contains 89 per cent of iodine. Used externally as a substitute for iodoform, internally in doses of 5 to 10 grs. as a general alterative, and by inunction (dissolved in oil) in tuberculosis.

Iodomuth. Said to be bismuth oxyiodide methylene digallate. Reddish brown powder. Externally and internally.

Iodothyrin. Thyroiodin. Thyreoiodin. An active preparation of the thyroid gland of the sheep. Brown amorphous powder, insoluble in water, soluble in alcohol. Said to contain 9. 3% of iodine and 0.5 of phosphorus. The preparation as it appears on the market is a trituration of pure iodothyrin with sugar of milk and reduced to such a strength that 1 part of the powder equals 1 part of fresh thyroid. Action same as thyroid, which see. Dose 15 to 40 grains pro die.

Iodylform. A combination of gelatin and iodine, containing 5 per cent of iodine. It is insoluble in water, alcohol or ether. A coarse, dark yellowish brown powder, used as a substitute for iodoform.

Iron Vanadinate. Ferrum Vanadinicum. A dark grayish brown powder, practically insoluble in water. Dose: $^1/_{60}$ gr. 4 to 5 times a day, every other day. In anemia and chlorosis.

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MELANGE FOR DOCTORS.

J. W. BRANDEIS, A.M., M.D.

Medical men have been prominent recently in all branches of sport. They have figured amongst the best baseball players, football sluggers and expert pistol shots. Not until the other day did we learn, however, of a medico down in Baltimore who wanted to whip Thomas Sharkey, Pugilist, because the latter insisted upon paying for some drinks that the former had ordered. Luckily his friends prevented the encounter. A year or so ago, it is said, this same physician was haled to court for striking some fellow. He ridiculed the charge and disproved it thus: "Your Honor," said he, "I couldn't have hit him, for my left means the hospital for any man; my right is sure death."

An interesting little article on "Paying the Doctor" in the *Tribune* gives the prevailing medical fee in Russia as from 20 cents up to $2.75, according to the station of the payee—and this controlled by law; in England from 1 to 2 Guineas; and in China less than 50 cents—the writer considering the Chinese physician over-paid at that, so foul are his mixtures which consist of snake skins, moths, silkworms and even animal and human secretions.

As an instance of very large fees, that paid Thomas Dimsdale, an English physician, by Empress Catherine, of Russia is quoted. He received $70,000, plus $10,000 travelling expenses and a life annuity of $4,000 just for vaccinating her. At this point Dr. Peters sitting opposite sighs and remarks, "So. And I vaccinated a family of six last week for nothing, I fear—and paid for the vaccine at that!"

In condemning the operation "in the dark" for Varicocele, Dr. Dawbarn relates the follow anecdote which is sure enough fact:

"A young Parisian about to be married hied himself one evening to a well-known surgeon, and expressed a desire to be rid of his Varicocele. The surgeon was about to leave for the opera but he decided to operate first. Without removing his white gloves he pierced the scrotum with a needle, surrounded the mass with catgut and tied it off; he repeated this procedure on the opposite side. Then he went off to the opera, and the young man rejoined his fiancée. A short time later the young benedict became alarmed at an apparent enfeeblement of his sexual powers. Thereupon he visited a second surgeon. Surgeon No. 2 assured him that No. 1 had performed the operation very thoroly, for not only had he cured him of his Variocele but he had likewise relieved him of any danger of becoming a father. Upon which the young man visited Surgeon No. 1 and shot him

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dead. The jury," says Dr. Dawbarn, "rendered a very ridiculous but human verdict. They acquitted him on the ground of justifiable insanity."

At a recent meeting of the County Medical Association Dr. Darlington, President of the City Health Department, read an interesting paper on the "Medical Inspection of Public Schools." In the course of the paper he referred to the fact that when a child is excluded, he or she is given a card, stating the cause of the exclusion, in a *sealed* envelope. In the beginning of the system, he said, the card was handed to the child without an envelope. It happened frequently that a child, unable to read, made its way home gleefully, exhibiting what was believed to be a "good-ticket" to every one met on the way. Arriving home, at length, the mother would discover, to her chagrin, that her child had been excluded for *Pediculosis Capitis.* Whereupon a complaint.

During a murder trial just going on in New York a skeleton was brought into the court-room so that the path of the bullet, which caused the death, might better be illustrated to the jury. The exhibit, however, was deemed too gruesome, and so, by order of the District Attorney the head of the skeleton was removed before its debut. The precaution seems without precedent when we remember that every day, in the courts on every hand, much more gruesome "family skeletons" are trotted forth grinning in their naked entirety.

The latest renowned recruit to the ranks of the Christian Scientists is the Empress of China. Mayhap her ladyship has been impressed by the example of Christian warfare now being waged at her threshold, and desires to be further initiated into the mysteries of un-Christian Christian things.

We have heard much of the horrors of the war in the Far East. But there are still volumes to be made known in the story of the defense of Port Arthur. One short news item will serve to emphasize to medical men the conditions there: "It is learned from a reliable source that the last can of ether and the last bottle of chloroform were used up several months ago."

Out West not long ago an unlicensed drug clerk dispensed Tartar Emetic instead of Cream of Tartar with a fatal result. The error points most forcibly to the extreme folly of adhering to, and even fostering among the public, a nomenclature that could possibly entail such a disaster.

Among the latest attestants to the merits of Peruna is Admiral Schley. In great big print, surrounding pictures of United States' warships with colors and cannon-balls flying, he states that Peruna has been used with good effect in his family. We had doubted the story of the "loop" until to-day, but now we're

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wondering if the Admiral mightn't have had a cargo of that sweet panacea aboard that day.

The medical man again in literature! Baldwin G. Cooke, M.D., of this city, has collaborated with Mr. Higgins, actor, in the evolution of a play called "His Last Dollar." The performance is now going on at the American Theatre, and there is excitement enough in it to satisfy even forty-second street and eighth avenue. The title at least savors of an office fee—that was not paid.

Dr. Milton W. Franklin, Lecturer in Radio-Therapy at the New York Polyclinic, has devised a new means of determining the amplitude of an X-ray tube. The method depends upon the capacity of the ray to ionize gases. After he had gased about it for an hour the other night I sleepily replied to his question: "Am I on?" "Sure!"

BROMETONE IN EPILEPSY.

Dr. Hugo Erichsen reports the following: The author says the patient had had nineteen well-defined attacks of epilepsy since the summer of 1900. Shortly after the occurrence of the last I took charge of his case. Up to that time he had been taking the bromides at irregular intervals, owing to the fact that his stomach was easily deranged. Eventually they had to be rejected. Even bromide of sodium proved objectionable for this reason. About this time my attention was directed to brometone. It proved to be the very thing I was looking for, as the patient had no difficulty in retaining it and it did not give rise to untoward after effects. After taking what was evidently an overdose the patient experienced drowsiness during the day, but when the dose was reduced to 5 grains (in capsules) three or four times a day he had no further trouble in this respect.

Brometone contains about 77 per cent. of bromine, and possesses the sedative and other characteristic effects of that agent. It is preferable to the bromides, because it does not excite nausea, vomiting, or alimentary disturbance. Moreover, it does not seem to produce the undesirable systematic depression often resulting from the older bromides. Although my patient has been taking brometone day after day for over a year, he has not been afflicted with skin rashes or any other indications of bromism. Furthermore, he has not had an attack for sixteen months, has gained in weight, improved in appearance and takes a more cheerful view of the future.

The author is inclined to believe that brometone will prove of service in the treatment of other nervous conditions, particularly insomnia, headache and delirium tremens. It may also prove of benefit in some cases of asthma and may relieve cough of reflex nervous origin.—(*Med. Age.*)

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USEFUL CHIPS.

In frequently occurring epistaxis try the following mixture:

Ext. Hydrastis fl.
Ext. Hamamelidis fl. aa ʒi.
S. Gtt. x-xxx t.i.d.

Have tried it in numerous instances without a single failure.

15 to 30 minims of a 10 per cent. sterilized solution of camphor in olive oil, injected hypodermically, will do wonders in collapse and shock.

In obstinate seborrheal eczema of adults, try a 25 per cent. solution of resorcin in alcohol. It is powerful treatment, but effective. Excessive irritation is prevented by applying once a day a little adeps lanae.

Resorcin should not be used in pediatric practice.

A belladonna plaster on the back and a capsicum plaster on the pit of the stomach will cure seasickness in many cases, especially if those "cases" are women. The bromides are generally worse than useless. Half-grain cocaine hydrochl. with 3 min. dil. hydrochloric acid to teaspoonful of bitter almond water is quite efficacious.

Small moles can be readily removed with carbolic acid. Dip a toothpick into liquefied acid and touch the mole, without touching the skin. Repeat every three days. Mole disappears, leaving clean normal skin.

Methylene blue should invariably be prescribed with powdered nutmeg (3 grs. to the dose), and also perhaps with a small dose of opium.

Cinnamon is used much less frequently than it should be. I am not ready to share the belief with some that a system saturated with cinnamon is proof against any infection, still I do think that it is an unjustly neglected remedy.

Tincture of iodine "saturated" with tannic acid forms a good application in erosions of the cervix, of the obstinate variety.

Calcium carbide which was to revolutionize the treatment of carcinoma uteri is dead. Sic transit gloria mundi. When we get time we will collect all the remedies which were heralded as the "greatest ever" and which died an ignominious death, swallowed up by the abyss of oblivion.

Protonuclein special sometimes cures a leg ulcer when almost everything else has failed. But the ulcer must first be cleaned, *cleaned.*

Gouty neuritis: Colchicine 1 gr., quinine valerianate 60 grs., powdered squills 30 grs., comp. ext. colocynth 90 grs. Divide into 60 pills. One 3 or 4 times a day.

In sciatica an application of equal parts of camphor, oil of turpentine and acetic acid—tho not quite compatible—does good service.

The ancients used to treat their sores and wounds with essential oils and I think they did about as well as we do. Oils of cinnamon, cloves, sassafras, peppermint are excellent antiseptics.

Treat fissured nipples with a 3 per cent solution of potassium permanganate, or a solution of aristol in oil. They are bound to heal. Wash off with soap and warm water and dry before each application.

Good application in acne: Precipitated sulphur 2 drams, ether 4 fl. dr., alcohl 1½ fl. ozs. Apply, at first, at night only, then several times a day. Give calcium sulphide—be sure of the quality—at the same time internally; ⅛ gr., 3 times a day.

It is not advisable to prescribe digitalis and nitroglycerin in the same mixture. Digitalis effect is slow in developing and more or less lasting; nitroglycerin effect develops and passes off quickly. Digitalis should be given every 4 hours, nitroglycerin every hour. It is best to prescribe the two remedies separately.

I have not seen a single case of sprue or thrush resist the frequent applications of a strong solution of sodium thiosulphate (hyposulphite). Order: Sodii hyposulph. ʒii, glycerini ʒi, aquae ad ʒi. Apply thoroly to tongue and buccal cavity every hour. If some of the solution is swallowed by the baby, so much the better. It will disinfect its stomach. It is only in very severe neglected cases, where the application of silver nitrate may become necessary.

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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Subscriptions must commence with January issue. If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

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AU REVOIR!

When this issue reaches the subscribers, the Editor will be far, far away, carried towards the shores of old Europe on the fleet-footed Kaiser Wilhelm, rocked to sleep by the wild waves of the Atlantic Ocean. I shall be gone for quite some time. I am going because I have some hard work to do and because I badly need a rest. Paradoxical, but it is so. Here in the rush and bustle, in the fray and fight—it is impossible to do the one or enjoy the other properly. In my experience, I have found it an excellent thing to hie away every few years to a far away land, where screened from petty annoyances, free from the tribulations of a general practitioner, one is enabled to do hard mental work, uninterrupted and undisturbed, to gather fresh ideas and think new thoughts, to enjoy a thoro, perfect rest and to garner fresh energy for future work, for future battles. And I need the rest and the change now more than ever, for in the last five years — since my last European trip — I have worked and accomplished more than ever before. And then, successful, *general* practice is incompatible with the demands of a constantly growing journal, and I shall therefore devote myself while in Europe to certain particular studies, in which I have taken a special interest for many years, so that when I return I shall devote my entire time to but two things: my specialty and the CRITIC & GUIDE.

How long shall I be gone? About a year, perhaps two. Will the CRITIC & GUIDE suffer in my absence? I don't think so. On the contrary, I believe you will find it greatly improved. I

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shall still remain the "sole and only" editor and believe that in the quiet nooks and corners of Switzerland, Germany and France I shall be able to do better, deeper, because less hurried work. And then the description of the conditions of medicine and pharmacy in Europe cannot fail to prove interesting. On the whole, I believe my readers will be satisfied.

Some friends suggested that it might not be advisable to announce publicly the fact of my leaving for such a long period, for, said they, the enemies of the CRITIC & GUIDE, learning that the Editor was away, might become bold and reckless, send out more anonymous circulars, more knavish, more stupid if possible, and I would not be here to take them up and refute them. Now, first of all, I don't believe the knaves will attempt any more of their contemptible business. They have had a good lesson, and they know that they have more cause to fear me than I them. Second, I never do anything underhand, or in hiding. If I can not make a success by methods that are perfectly above board, then I don't care for the success. And, third, if the fakirs become too villainous, why, it takes but a week to cross the Atlantic and be back again in dear old New York. And so, dear friends and readers, au revoir !

* * *

I know that many of the fakirs on reading the above will become possessed of a fervent wish that the Kaiser Wilhelm might go down to the bottom of the sea. I hope their prayer will not be answered by the Unknowable.

DUFFY'S MALT WHISKY, PROTONUCLEIN AND ETHICAL ADVERTISEMENTS IN GENERAL.

Dear Doctor:

I have just been reading your December issue. I like it very much. I do not mean by that that I agree with all of it, but I like it, the spirit of it, your evident purpose, and so on. One thing I would like to speak about in particular. You quote the headlines of an ad. for Duffy's Malt Whisky. The headlines are: "Given Up By Doctor and Priest," etc., etc.

Now, you object to this, assuming that the ad. states falsehoods.

Do you know this to be the truth of the matter? You know very well that there is a possibility that some sick man may have been given up by some doctor, and the priest called and the last sacrament administered. You know very well that it might have happened that good whisky substituted for the remedies the doctors were using saved the patient's life. It might have been the momentary stimulus which the whisky furnished revived a forlorn hope in the patient's mind. It might have been the supplanting of the medicines that the doctors were giving. It might have been both of these things combined. But surely it is not impossible

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nor incredible that this thing should have happened. I have known such things to happen over and over again.

Now, then, if I were you, instead of assuming that this ad. is a deliberate falsehood, I would defer my judgment until I found out it was a falsehood. Write to the advertisers of Duffy's Malt Whisky for the particulars. Get them to furnish you names and addresses, so that you can verify the truth or falsehood of this claim. Approach them with fairness, and a business like manner. Say to them that you are in doubt as to the veracity of their ad. Tell them that you are a publisher of a medical journal; that if they will put in your hands the means of investigating it that you will publish it, whichever way it turns. If they refuse to give you any data, all right. The presumption is strong that they are falsifying. Still it remains only a presumption. They may suspect your motives, and withhold the facts for fear you will misconstrue them.

At any rate, it is beneath your general spirit of fairness to use snap judgment in this matter. Whisky has saved many a life. Why not Duffy's Malt Whisky? I do not believe in the indiscriminate use of whisky as a beverage, nor as a medicine, any more than you do. But I can see a thousand possibilities for whisky to step in at a critical moment and tide a patient over some crisis, and thus be the means of restoring him to health.

If the ad. is a falsehood then it ought to be exposed in every possible way. No decent journal ought to publish it. I would no sooner publish a lying ad., if I knew it, than I would publish an editorial lie. I would no sooner write a lying ad. than I would write a lying sermon or lecture. I know enough about advertising to-day to be able to say that fake testimonials are seldom used. Whether in advertising Duffy's Malt Whisky or the Protonuclein of Reed & Carnrick, the truth should be told. That's all.

If you have made quite sure that Protonuclein contains the nuclein of all the glands of the body, that it contains nucleinic acid, organic phosphorus, and organic iodine, exactly as found in the human body, if you know these things to be true, according to your theory you did right in accepting the ad. If, on the other hand, you know that Duffy's Malt Whisky cannot do and has never done what they claim in the ad. you have quoted, then you did right, according to your theory, to attempt to expose it. It is quite doubtful, to my mind, whether you possess positive knowledge either as to the truth of the statements of Reed & Carnrick, or as to the falsity of the statements of those who advertise Duffy's Malt Whisky. I may be wrong, but I suspect that you are venturing some specific deductions drawn from general principles of prejudice in which you have great confidence.

You are on the right track, however. Be as charitable as you can now, for later on you will discover that an ever broadening charity is after all the best guide. Remember you are

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young and full of blood now. Do not say anything that you will have occasion to regret, or hesitate to quote when years of experience will have cooled your enthusiasm. By assuming that every man is honest until he is proven to be dishonest, you will not only come nearer the truth in every case, but you will also carry greater conviction to your opponents.

By the way, can you tell me exactly what you mean by ethical advertisements? Sincerely yours,

Editor Medical Talk. *C. S. Carr.*

I received this letter from our good friend, the generally wrong, occassionally right, but always interesting Dr. Carr. Here we have a remarkable example of a brainy, intelligent, apparently fair man, completely off his track.

I. The chief burden of Dr. Carr's argument is the truth or falsehood of the Duffy whisky ad. Assuming for the sake of argument, that the claim is true [tho it is very unlikely], that a patient given up by a doctor did recover after the use of Duffy's Whiskey, the viciousness of the ad. remains the same. First, because the stimulating effect is present in every kind of whisky and is not limited to Duffy's whisky only; while the ad. gives the wrong and pernicious impression that Duffy's whisky possesses some particular medicinal virtues peculiar to it alone. Second, and most important, such ads. tend to demoralize and further deprave the people, by persuading them to use whisky as a cure for and prophylactic against all diseases of humankind. If Duffy's Malt Whisky is such a wonderful remedy, that it will save a dying man after he has been given up by doctor and priest, then why not use it in all kinds of colds, chills, in bronchitis. consumption, etc, etc.? Why call in a doctor at all, if Duffy's whisky is superior to the remedies the doctors prescribe? And so in the minds of the ignorant the stuff is surrounded with a halo of virtues, which are altogether foreign to it. And all our endeavors to teach temperance or at least moderation are nullified by the fraudulent claims of the proprietors of so-called medicinal whiskies. And that's where the harm comes in. And that's why I claim that medical journals, whose province it is to guard the interest of the profession and the health of the people have no moral right to accept the advertisements of Duffy's Malt Whiskey and similar products. II. No, I have not made quite sure that protonuclein contains all the nuclein of all the glands of the body, that it contains nucleinic acid, organic phosphorus, etc. But 1) I have no reason to assume anything to the contrary. The firm is a reliable one and as such a preparation can be prepared, there is no reason why they should not prepare it. 2) The preparation is harmless and is not calculated to create a habit or lead to drunkenness as Duffy's whisky is. 3) The preparation is not advertised to the laity. Before it reaches the laity, it must pass thru the analytical crucible of professional opinion. Should the preparation prove worthless,

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the profession is competent to discard it. 4). Being advertised to the profesion exclusively, it cannot lead to the curse or foolishness of self-medication.—Now, Dr. Carr, can you or can you not see, that there is an immense difference between Duffy's Whisky and protonuclein.

III. Ethical advertisements (of medicinal products) are advertisements of products 1) the composition of which is known, 2) the claims of whose virtues are not ridiculously exaggerated and 3) which are not advertised to the laity (the last does not refer to laxative waters, cosmetic and dietetic preparations and disinfectants). I think this gives a fair idea of what we mean by ethical advertising. If I were to give a definition in still fewer words, I would say: Ethical advertisements are truthful announcements of preparations the composition of which is known and which are not advertised to the laity. Measured by this standard the advertisements in the CRITIC & GUIDE are ethical, and the advertisements in some other journals—to mention for example a journal called Medical Talk—are not.

"CRITIC & GUIDE."—In truth, as well as name, does this little journal declare itself and in no hesitating terms. Dr. Robinson is giving to the profession a magazine that is worth reading. He attacks problems about which men are talking, with a sledge-hammer, and he strikes with the strength of Achilles. At times he may be too radical, and again he may appear almost partisan, but through it all there is a forceful undercurrent of common sense which will do every man good. Read and then discriminate for yourself. *From Southern Medicine and Surgery, Jan. 1905, Page 14.* It so rarely happens that a good word is said for the C. & G., that you will pardon me for having allowed the office boy to clip the above and send it down to the printer.—Am I partisan? Don't think so.

* * *

Dr. H. C. Wood, Jr. informs us that he is no longer connected with the Therapeutic Review. We congratulate him. He should never have connected himself with that doubtful enterprise. Still, it was merely an error of judgment on young Dr. Wood's part, and he will live it down.—

* * *

"Papa", said my little daughter, "I wish you would stop printing the complimentary letters sent you by your subscribers. They don't prove anything". "Why, dearie?"–"Because I see, that even the Medical Brief and Medical Talk print a lot of such letters. It seems that no matter how bad a journal, it will still have a certain number of subscribers, who think that it is the 'best'. I therefore don't want you to print any more of them". Out of the mouths of babes, etc. I wonder if Noolie isn't right after all.

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TO WHOM THE CRITIC AND GUIDE APPEALS.

As far as physicians are concerned, the CRITIC AND GUIDE appeals to every class. The proudest professor and the humblest country practitioner are equally emphatic in their approval. But as far as pharmacists are concerned the CRITIC AND GUIDE appeals to one class only—the very highest. We do not write enthusiastically of the noble art of making a window display. We do not discourse on the beauties of the Miles and the Peruna plan; we give scant notice to the benefactions of the genial, cascaretty Major Kramer—and we have no price list. The little druggist, whose education, poor fellow, has been sadly neglected, therefore, finds little of value or interest in the CRITIC AND GUIDE. Even the language is too high for him—I talk above his head. But the best part of the profession, the *intellectual, professional* part cannot find words enuf to express its appreciation. And my frank discussion of the deplorable condition of pharmacy is applauded by that better part—but not by the small fry. And so that's what we have to draw upon: the entire medical profession, the intelligent part of the pharmaceutical profession—and shall we confess it? We have quite a few writers, lawyers, dentists and clergymen on our list.

I like Elbert Hubbard because he can change off once in awhile. From the deep and earnest philosopher he can become a very amusing clown. It is not good to be serious all the time. It shows a one-sided bringing up. We are all but overgrown children, and blest is the man who can make a fool of himself once in awhile.

Very few people know that Eugene Sue, the famous author of the Wandering Jew, practiced medicine before he became known as a novelist. The centenary of his birthday—December 10, 1804—will be duly celebrated in Paris on the day this issue of THE CRITIC AND GUIDE is going to press. (The editor proposes, the printer disposes. This is a piece of left-over matter.)

Be you the gentlest, kindest and noblest of men, if you attack the corrupt, if you expose the servants of Mammon, you will be annoyed, harassed, caricatured, villified. And if you persist, your fate may be a truly sad one. But, the true reformer "sings as the bird sings", merely because he can't help it.

☛ True courage consists in daring to say things which are capable of misinterpretation and which can be used against you by your enemies. Unfortunately—for myself—I possess too much of this kind of courage.

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TREATING PATIENTS BY MAIL.

By F. T. Rogers, M. D., Providence, R. I.

That imitation is the sincerest flattery none need question and, were proof needed, a glance at the advertising pages of any of the current monthlies would suffice to show that, whoever may have been the originator of the scheme to treat diseases by correspondence, he has scores of imitators.

If there was not profit in it there would not be ten of these advertising fakirs where a few years ago there was but one, if there was not a good profit in it they could not afford to pay the current advertising rates in some of the mediums used, and of the value of advertising in creating and maintaining a market for any product nothing need be said. We are all familiar with the phenomenal financial success of certain large advertisers and read with a certain amount of awe of the enormous sums which they yearly devote to the exploitation of their wares, so that, granting that there are men shrewd enough to profit by these successes and the probabilities of large pecuniary returns, there is needed to make the scheme feasible merely a medium to reach the people and a gullible public. Fortunately for these quacks the medium is found in every newspaper, periodical and monthly published; even those editors who decry most loudly other impositions on the public and who pride themselves upon the purity of their pages apparently welcome these frauds who have no saving grace beyond possibly a promptness in paying their bills, and unfortunately the gullible public is ready for them. The more improbable their claims, the more eager are they to avail themselves of the offer.

For some years I have read these advertisements with interest, have admired the display of knowledge of the frailties of human nature exhibited by their authors and marveled that such sweeping statements regarding the nature of disease and its cure could find credence in the mind of any one save the ignorant, and have wondered just how these fakirs proceeded to profit by their scheme which was apparently so fair and so free.

So I was afflicted with various disorders and, seeking help, I wrote to many of these quacks and was overwhelmed with shame that I was such an easy mark, for their scheme is simplicity itself and owes its success to that one factor. I learned some things I did not know before, however, and I have been prompted to report my findings to this body because here, to my mind, lies the remedy, and I ask your indulgence to the recital of a few facts and a suggestion, not to a mass of platitudes or of theories, regarding what I believe to be a great public evil. The method of one is essentially the method of all, and I can describe it no better than to report to you how I was cured of baldness. This advertisement appeared in a monthly

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which makes great claims for the purity of its pages and the responsibility of its advertisers.

"FALLING HAIR AND BALDNESS can be relieved. *There is one way to tell* the reason of baldness and falling hair, and that is by a miscroscopic examination of the hair itself. The particular disease with which your scalp is afflicted must be known before it can be intelligently treated. Send a few fallen hairs from your combings to Prof. ————, the celebrated bacteriologist, and he will send you absolutely free a diagnosis of your case, a booklet on the care of the hair and scalp, and a sample box of the remedy which he will prepare for you."

This letter was sent: "My hair is very thin and when it gets just so long it falls out. I saw your advertisement in the ——— *Magazine* and I send you some of the hairs. Please send me some of your medicine and tell me what is the matter."

To be sure that the sample of the hair sent could by no means offer a suggestion of such a disorder I took long hair from a young lady who has an abundant growth and cut it into lengths of a half-inch, then I added a few short hairs pulled from the back of my daughter's terrier, on whom no suspicion of baldness rests, and this was what I received:

DIAGNOSIS No. 45612.

Microscopic examination made by J. H. A. Revelations—Ulcerated Root Sheath. Fall of hair—Progressive. Stage of hair —Diseased Roots. Disease—Folliculitis. Curable or not? Yes. Cost of full course of treatment for this case, $2.50. Estimated term of treatment—three months.

And this letter:

"Dear Sir:—Your favor with enclosure of hair at hand. A careful miscropic examination has revealed the fact that the disease of which you complain is due to Folliculitis—that is an inflammation of the hair Follicle. This disease is caused by a parasite (or Bacilli) that first attacks the sebaceous glands which furnish the lubricant or oil for the hair. These glands are soon destroyed, and the inflammation rapidly extends to the inner membrane lining of the hair Follicle, where small quantities of pus are secreted which destroy the hair bulb. causing the hair to slip from the collapsing walls of its Follicle.

"The miscropic revelations in your case indicate that the disease in its present stage will soon yield to treatment, and will result in a renewed growth of strong and healthy hair.

"I prescribe the following course of treatment for your case: First, wash the hair and scalp with pure imported German Shampoo, which is included in the treatment—directions will be found on the box when you receive it. Then rub the Treatment which I will prepare for your case into the roots of the hair every other day. Massage your scalp well with the tips of your

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fingers the day following the use of the Treatment, which is perfectly harmless. I enclose herewith a small box of a preparation which you should rub into the roots of your hair until you receive the full course of treatment. This will prepare the roots of your hair for Treatment. With my scientific Treatment specially prepared for each individual case, in my laboratory, I guarantee to stop falling hair, grow new hair where the diseased hair has fallen, no matter how long standing the disease has been Dandruff disappears in ten days after my treatment is begun. No more itching or irritated scalp after the first few applications of my remedy. One full Course of Treatment will last you for three months and grow new hair an inch a month.

"Awaiting your reply, I am,

"Very truly yours,

____ ____ _____."

The sample to be used every other day till the full treatment was received was a small tin box one-half inch in diameter and of the thickness of a postage stamp, containing an ointment sufficient in quantity to cover thinly a ten-cent piece.

A letter written by a friend in another city described his trouble as follows: "I have been bald for years, only a few straggling hairs showing, which are apparently healthy and grow to a considerable length. What is the matter?"

The diagnosis, letter and treatment were identical.

No reply was made, and in a few weeks came letter No. 2:

"Dear Sir:—A short time since, at your special request, I made a scientific microscopic examination of the hair I received from you, and sent you a small box of preparation to use until you should receive the full course. If you have used it you well know how much it has improved the condition of your scalp. My records show that your case will result seriously provided a Full Course of my Treatment is not commenced at once. I sincerely trust that you realize how important this matter is to you, providing you desire a perfectly healthy scalp and vigorous hair. You no doubt know that the sample sent you was not enough to effect a permanent cure, altho you may have noticed great improvement in the condition of your hair. My treatment never fails. Faithful application according to directions sent with each course of treatment will completely eradicate dandruff, stop falling hair and grow new hair. If your case is not attended to at once serious results will certainly follow, and you will become partially or totally bald. Prevention is better than a cure and you should begin your treatment at once. I am, as a professional man, interested in your case, and have decided to offer you my full $2.50 Course of Treatment for $2.00, transportation charges paid, including a box of German Shampoo. This special offer is so low that it will at once appeal to you.

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"I made this offer because I realize that with your influence in your neighborhood you can do me, as well as your friends who may be afflicted with dandruff, falling hair or any disease of the scalp, the greatest service by telling them what the Treatment has done in your case. With my scientific Treatment specially prepared for each individual case in my own laboratory, I guarantee to stop falling hair, grow new hair where the diseased hair has fallen, on any head, no matter how long standing the disease has been, and no matter how bald the head has become. I guarantee you a cure no matter what remedies you have used without result. The basis of my remedy is a powder extracted by burning coal with lime by my own secret process, and this is the only remedy known to medical science that will produce the desired results. That is why physicians who do not know of my remedy are apt to think baldness is incurable. One full course of treatment will last you for three months, and cure every ordinary disease of the scalp, and will grow new hair about an inch a month.

"Send $2.00 at your earliest convenience, so that the good already accomplished by the sample sent you may not be entirely lost, and I will send you my Full $2.50 Course of Treatment, transportation charges paid.

"P. S.—When you order please state for my convenience that your diagnosis number can be found in book 436."

Pray notice several points of an artist in this scheme, *i. e.*, an apparent scientific diagnosis appealing strongly to the average man, the number appended, 45612, and the record book, 436, showing the large number of patients, the flattery of an appeal to a neighborhood influence and the warning of serious and incurable trouble. I was for a moment actually worried for fear I was getting bald, altho second thought convinced me that if the eminent bacteriologist had even looked at the hair sent he would have found no hair bulbs at all, save those from the dog, and he is not worrying.

It is, however, in the domain of general medicine that these artistic advertising liars are seen to the best advantage. It is so easy to magnify common and unimportant symptoms into evidences of serious disease, so easy to frighten by word pictures of impending consumption, insanity and death, the poor invalid who does not get well under the care of a physician (and there are such) that the field of operation is greatly enlarged. An extensive advertiser who claims to be a "Specialist in Diseases of Men (sealed) and Women, for Dyspepsia, Rheumatism, and Diseases of the Heart and Kidneys," caters to the feeling of most people, who are always eager to get something for nothing, by offering to furnish advice and medicine free.

"LEARN HOW TO GET WELL. My Book will tell you how to get well at my risk. Tell me in strictest confidence about your

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ailment. I will advise you. I will tell you of a druggist near you who will let you have six bottles of Dr. Shoop's Restorative a Month at My Risk. If I succeed you pay $5.50. If you say to the druggist 'it did not help me' he will bill the cost to me. I will tell him to do so."

Two letters were sent to this man from different addresses. In one I said: "Can you cure me of heart disease and dropsy? The doctors say I can't get well. Please send me your book and an order for medicine." In another a request was made for medicine to cure ulcer of the stomach with vomiting of blood.

A stereotyped reply was received to each, and no distinction was made between the two cases. He says:

"I enclose you herewith my special pamphlet, and the first few pages in it will fully explain my guarantee.

"On the back of this pamphlet I have written the names of the nearest dealers who issue these warrants, and I have to-day written each of these dealers, authorizing them to furnish you the medicine on my offer of a month's treatment at my risk. Bear in mind, please, that in writing the druggist my only motive was to secure for you every accommodation or privilege that is given to any one. I positively never even hint to the dealer anything concerning the nature of the ailment about which a patient writes me. This is something I always hold as strictly confidential.

"I have given your dealer my agreement that if this month's test should fail I will pay him for the medicine you take. Your deposit will be entirely returned to you. Your dealer will see that the treatment I advise shall not cost you a penny if you think it does not reach your case.

"I cannot better show my unbounded confidence than I do by assuming the entire risk. No other physician has ever done that, in chronic diseases, with any other remedy in the history of medicine. I do this because I have learned in a lifetime's experience what this treatment can do, while those who suffer know nothing about it. I wish to make the arrangement so fair that none who need it can reasonably neglect it.

"I am glad to learn of your case, and I fully believe that within a few weeks you will be very glad that this matter was presented to you."

One would think from the advertisement that the medicine was to be free, but such is not the case. You are requested to buy the medicine, and if after you have taken three bottles you have not received benefit your money will be returned to you. A so-called warrant is attached, but really amounts to nothing, and with the proverbially easy-going nature of the public, the occasional request for the return of the price is probably complied with, but as a rule the patient realizes that he has been buncoed, and keeps silent.

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If no attention is paid to this letter there soon comes letter No. 2:

"Dear Sir:—Receiving no reply to my letters, I judge that you have decided not to take my treatment at present. The decision is unfortunate, but I am sure you will eventually change it. If you are ever to receive a permanent cure, you will find, I think, that it will come in the way I propose.

"Whatever other medicines you test, there is none which will be offered you as mine is, on a guarantee signed by your dealer. You must take the risk yourself. And the longer you continue unsuccessful treatments, the better you will appreciate what I tell you. Common treatment can't cure such cases; and relief, if it comes, doesn't usually last long.

"Whatever other experiments you make, remember that I have made them before you. You could not in a century make so many tests as I have, for you have but one case to treat, while I have had thousands. For such cases there is nothing known to medicine which I have left untried.

"If you could know me personally you would accept and believe what I tell you. You would hardly go on spending time and money on treatments which I have already proved ineffective. But your own experiments will eventually prove to you that I am right; and when you reach that conclusion my offer will still be open to you. I am ready at any time to grant you the fullest privilege of my guarantee. Your dealer will at any time sign the agreement. The risk shall be entirely mine; the benefit yours.

"Many, many sick people accept this offer of mine every week, and an average of thirty-nine in forty are cured! You will in time hear of these in your own vicinity, and you will then think more seriously of what I have said.

"Above everything, don't become discouraged, for a way to cure is open when you are ready for it. I tell you positively, after a lifetime of experience, that your case is curable, and my remedy will cure it. And I fully believe that you can find no other way so satisfactory, so safe."

Again, a third attempt is made to get your money by letter No. 3, with which is enclosed a directed postal card. In it he says:

"Dear Sir:—I wish to ask you if you have secured the prescription about which you wrote me the other day, and if you have started the treatment. I keep a careful record of my patients, and watch the progress of each case by keeping in touch with them. To this end, I shall esteem it a favor if you will let me know if the treatment is started. Or if you have met with any difficulties in obtaining the remedy under the guarantee that I offered—please let me know that. I find little difficulty in curing the diseases I treat. The failures are so rare that I

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feel almost certain of a cure when once the treatment is begun. But there is a difficulty in securing the confidence of those who need help, those who have been so often disappointed, and perhaps deceived, that faith is lost in everything. Even with my guarantee—my agreement, signed by the patient's own dealer—that the treatment shall be free if it fails, I find that some who need the treatment most still hesitate.

"Is this the case with you? If so, won't you be frank enough to tell me why you hesitate? Can you think of any way in which I could make this opportunity more fair? Suppose it was a friend who suffered, and a physician went to him and said: 'Here is my prescription which I have spent a lifetime in getting right. With it I have cured perhaps a quarter million cases like yours. I have so much confidence in it that I have told your dealer to let you take it thirty days at my risk, and I have given him my agreement that if it fails I will pay for it.' Would you not think your sick friend both reckless and unwise if he neglected such an offer? You would ask how he hoped to get well, and to what else he could turn. Don't you think that some friend who knew of this offer would feel the same about you?

"Now that you have kindly written me I wish to exert every effort to cure you. For this reason I enclose you a self-addressed postal, and ask you to please let me know if you have obtained the treatment; and if not, will you let me know why?"

In self-preservation the medical profession should rise *en masse* and overthrow this man who so annihilates disease and cures incurables, or else our occupation will soon be gone.

With slight variations in detail, with varying expression and delicacy of touch this theme is played by the hundreds of fakirs who thrive on American credulity. From scores of letters I learn that the methods are the same. They are all imitators of some pioneer who has achieved greatness.

Yet occasionally there comes a variation which is the evidence of genius. Most of the letters plainly show that they are a stereotyped form, the name of the inquirer being in type; but a Chicago dissolver of cataracts has left spaces where the name can be inserted so deftly that you flatter yourself that it is a personal letter you are receiving.

"I hope you did not write out of mere curiosity, Mr. Rogers," he writes, "for I have never failed in making a permanent cure with my new Dissolvent Method when any sight remained," and this in reply to a query whether he could cure complete blindness from optic atrophy of a year's standing.

Sharpers do not try to sell a gold brick twice to the same person, and these men of the same ilk do not hope to get more than the first advance from the hopeless cases; but in this great country the supply is practically unlimited and, as some one has truthfully and coarsely stated, "a sucker is born every minute."

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BOSTON MEDICAL LIBRARY

Perhaps the most novel exponent of this method is the man who promises to make you taller by several inches by means of a specially devised instrument which changes the cartilages in the body, besides several other desirable things, but the gist of the whole matter is $10. You are requested to pay for a cheap exerciser at an exorbitant price, expecting an impossible result.

So, did time permit, I could relate dozens of experiences with similar quacks and frauds, but they are all alike. If you believe their claims you can be cured of all the ailments flesh is heir to; you can, if blind, be made to see, if deaf, be made to hear; you can be accurately fitted to glasses to correct ametropia, you can remedy all bodily deformities and grow as tall as you would like.

The claims of these men are substantiated by testimonials from grateful patients. Some of them are undoubtedly honest in their statements, but are mistaken in their condition. More are given, without due consideration of the subject, because asked to do so and because they like to see their names in print; but most of them are absolute fabrications. I have written to them, I have written to physicians residing in their locality, I have personally investigated some near at home, and I believe unqualifiedly that they may be classed either as the statement of one who is ignorant of his exact condition both before and after the so-called treatment, or they are a bid for some commissions from these quacks for sending new patients (for they make tempting offers for new victims), or they are fictitious.

I have personally seen those who have been cured of cataract who never had cataract, those who have been cured of epilepsy who have attacks of grand mal every six weeks, and petit mal almost daily. I know of an instance where a patient gave a testimonial stating how she had been cured of Bright's disease who died in coma before the testimonial was printed, of a man who was cured of nephritis and albuminuric retinitis, yet who was totally blind before he succumbed to the disease. I know personally of a false statement as to facts made in the hopes of inducing others to take the treatment for the sake of the commission offered.

Of the third class it needs but a glance to detect the fraud. In a circular before me I find testimonials from people residing in Afton, Indian Territory; New York, Iowa; Steeles, Louisiana; Turon, Kansas; Ulm, Minnesota; Taylor, North Dakota. Find these places on the map or in any atlas. Investigate the congressman for the fourteenth district, whose picture adorns the front page of the newspaper. He is either a mythical personage, or his name is spelled wrongly, or his address is erroneous. A loophole is usually left for curious investigators, but the perpetrators bank on the proverbial disinclination to such

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action, and believe that most inquirers will assume the truthfulness of the testimonial without further questioning.

This evil has extended to the real purveyors to the profession, and manufacturing pharmacists who cater to the trade of physicians, looking with envious eyes upon the apparent success of quacks, have begun to advertise their wares as cure-alls for various ailments while still soliciting the physician to prescribe their preparations. *Harper's, McClure's and Pearson's* contain the advertisements of thirty of those quacks and of formerly reputable houses exploiting the virtues of some particular preparation. Has the profession no pride that it continues to patronize manufacturers who thus violate all proprieties? Yet I have seen on the prescription books of druggists in my city prescriptions written by educated [?] physicians, members of State and national societies, calling for Peruna, Green's Nervura, Hood's Sarsaparilla and Scott's Emulsion. I wondered that any of the laity could believe the absurd claims; yet in a recent open letter to the medical profession regarding a pharmaceutical product there occurs this absurd statement:

"It is a scientific compounding of enzymes by methods which unite them into a complex element in which vitality is preserved and is restored in the circulation. It is representative of an 'internal secretion' possessing great vitalizing properties, acting especially upon the physiological function of metabolism and cell osmosis. It also has the property of restoring the balance between supply and waste; of transforming the toxic waste to harmless excretory products, and in a large proportion of systematic defects this means removal of cause. It restores the resistant elements of the blood, which creates immunity and destroys infection. Briefly stated, it does therapeutically what no remedy or method of treatment has done hitherto."

Probably this bombastic and meaningless conglomeration of English words finds among the profession some who are impressed by it and who use the product, knowing as little of its nature as the proprietors themselves.

It is asked what harm is done, save to exemplify the adage that a fool and his money are soon parted. Talk with your brother practitioners. Recall your own cases of consumptives grasping at a forlorn hope and by some nostrums so checking secretion and disturbing nutrition that all possible gain from good food and fresh air is denied them; of cases of metrorrhagia at the menopause under uterine tonics till carcinoma of the uterus is too advanced for relief; of the young who absorb enough rot about loss of vitality and shrunken parts to render them neurasthenic and subject to all sorts of imaginary ailments; of the blind who, buoyed by false hopes, have allowed glaucoma to progress till hopeless; of the thousands who seek their alcoholic stimulants and narcotics in the much vaunted patent medicines, and then tell me if

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this is not a real evil, if it is not a task imposed on us as medical men and honest men to do all in our power to correct it. Reputable periodicals should not admit to their columns such stuff, the mails should not be the medium by which it is spread broadcast, and I believe the remedy lies in one word—Publicity. Educate our patients to the foolishness of such claims, publicly denounce the methods employed, criticize unsparingly the editor who for a few dollars plays a part in this shameful proceeding, and by word, pen and example flay at every opportunity these monsters, who, by false pretenses and absurd promises, are a menace to public welfare! [That's just what the CRITIC AND GUIDE is doing!]

CRUDE DRUGS VERSUS THE ACTIVE PRINCIPLES.

Sense and Sheer Nonsense.

By W. C. Abbott, M.D., Chicago.

A great deal of what passes unquestioned as true, is simple ignorance. A bold iconoclast arises, who denies prevalent beliefs. People stand aghast at his daring; he is called bad names, perhaps shunned as a dangerous man; derided. After a time they begin to answer him, then to inquire as to the truth of his assertions; and in many cases a quarter century sees his doctrine preached by the men who derided him. The ponderous mass of prejudice and conservatism is so very great that time is required for the chisel of thought to penetrate it.

We who are advocating the substitution of the active principles for the crude galenicals, meet this opposition. The principles we teach are so simple, so reasonable, that there should be little difficulty in obtaining their universal acceptance; but in truth it is a tedious and a heavy task. The greatest difficulty is in pinning our opponents down to definite statements of their objections and to get them to treat us fairly in their restatements of our claims. Here is a sample: They grant that for certain specific purposes strychnine is preferable to nux vomica, but as a "tonic" the latter is better, gives some effects not to be obtained from the alkaloid, etc. What are these effects? Generalities are not (or should not be) accepted in modern medicine, which demands scientific proof. Tell us just what you get from nux vomica, that is not an effect of strychnine or brucine.

We have given nux vomica very many times; have carefully watched the effects; and we have never witnessed any beneficial action that was not entirely attributable to one or the other of its contained alkaloids—to strychnine, for the action of brucine is merely that of strychnine in a milder degree. The effects of nux vomica were slower and less certain. Time is requisite for the gastric fluids to dissolve the strychnine out from the woody fibre, coloring matter and other inert matter; and, besides, while some specimens contained a good deal of strychnine other con-

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tained very little. Once we got a toxic effect from a moderate dose; and several times we got no appreciable result until the dose was raised far above the maximum of the books. But we have never detected any real beneficial action that was not attributable to the strychnine; and we have never been able to induce any other practitioner to show us any other action.

We do not believe there is any other. The choice of nux vomica for tonic action is a relic of the superstition, conservatism, habit, prejudice, or all combined, elements which enter all too largely into the make-up of the so-called orthodox medical mind.

We know this, for we once felt exactly that way, and talked that way. In our hearts we resented the doctrine that the tinctures and fluid extracts, that contained *all* the plant-virtues, could be replaced by this simple, non-mysterious, alkaloid. We also talked confidently of the varying indications for nux vomica and ignatia. We grudgingly admitted the value of morphine, its suitability for hypodermatic use, but we clung to opium for other uses, and even preferred *old* opium pills for chronic diarrheas. And this prejudice, this clinging to the mysterious and unknown, remained until little by little we had learned by trial the advantages of certainties in therapeutics.

Mystery! That is what it is that retains the faith of the doctor. He is not different at heart from his patients, at whom he laughs for running to fortune tellers and Christian scientists. The affinity for superstition exists in every one of us. We educate ourselves out of the simple faiths of our childhood and adopt others. We lose our beliefs in the fairies, Santa Claus, and our own Napoleonic future; but we do it most grudgingly, and only when we must. And for many a day after, we welcome anything that will give us an excuse to go back to those sweet beliefs. Then we find new fetishes. An old and respected friend, who had long since adopted the Ingersollian disbeliefs, became an ardent "spiritualist," giving faith implicity to every tale of ghosts that any impecunious penny-a-liner devised in order to earn a dinner. So inveterate is the disposition of man to place faith in the mysterious, that were he to drop his outworn creed he would probably adopt a worse one.

It's hard to give up the old and believe the new. "It's hard to teach old dogs new tricks," is true, but used as an excuse by the ultra-conservative and lazy it is the very worst bar to progress.

We know! We've been there! We protested strongly that there was more in coca than cocaine; more in ipecac than emetine; more in hydrastis than hydrastine. And so there is, as regards the last two. Ipecac contains an acrid emetic principle, which interferes with the most important effect of the drug, so greatly that only the employer of emetine really learns to appreciate the true value of that priceless root.

The modern physician is a truly scientific man. He is not

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willing to put a drug of which he knows nothing into a body of which he knows less," but he studies physiologic phenomena and pathologic processes which he does know somethin about, and to these he applies medical agents whose effects have been calculated with precision; and he verifies the correctness of his calculations over and over again, by the results. By the time he has seen his vasomotor relaxants and constrictors, and his nerve-energizers and sedators, do the work he sets them, with absolute exactness, several hundred times, he begins to see that there may be somewhere in the future a practice of medicine that is conducted with mathematical accuracy.

Gentlemen: if you have any proof as to the value of cinchona over quinine, nux vomica over strychnine, veratrum over veratrine, aconite over aconitine, digitalis over digitalin, conium over cicutine, belladonna over atropine, hyoscyamus over hyoscine, let us have it. We have searched in vain for such proofs thru the therapeutic literature of five languages. It's sheer nonsense —such nonsense as we too believed and printed years ago.

[I should be pleased to have somebody give us the other side of the question. If there is anyone competent to show the superiority of the galenicals over the active principles, I shall be glad to give him all the space he may want.—*Editor.*]

MISDIRECTED ENERGY IN ARRIVING AT A DIAGNOSIS.

Dr. Richard C. Cabot's writings are characterized by a clearness and depth which are somewhat rare in medical literature. His latest paper, "The Ideal of Accuracy in Clinical Work: Its Importance and Limitations," is well worth a careful perusal. (*Boston Med. and Surg. Jour.*, Nov. 24, 1904.) It is timely, it is witty, it is true! The paper deals with three distinct themes: The value of scientific methods, misdirected energy in attempts at arriving at a diagnosis and the absurdity of separating laboratory from clinical diagnosis. I will abstract the portion of the paper indicated by the title.

Paradoxical tho it seems, I have no doubt that the scientific method is at times nothing more than a disguise assumed by our ineradicable laziness. I know no form of labor which the average man shuns more instinctively and more constantly than the labor of thinking or of fresh observation. But the doctor is human and capable of temptation all the more readily when the tempter assumes the subtle and baffling guise of the "scientific method." I know a doctor who never forgets his stethescope, his blood counter or his percussion hammer when he starts on his rounds in the morning, yet not infrequently he is so absent-minded as to leave at home one all-important instrument—his brain.

I suppose it is impossible for us to over-estimate the debt which we owe to Germany in the field of scientific medicine. For years we have been fed with the results of German industry and

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ingenuity until it has become habitual for us to stretch out our necks in that direction like fledglings in the nest. But we have also acquired the habit (and here is my point) of *bolting our food,* of gulping down in true American fashion the pabulum furnished us by our Teutonic brethren, forgetting that assimilation is a necessary prerequisite for nutrition. Now this habit of bolting down, unmodified, the nutritious gifts of our Teutonic brethren has given us several forms of scientific indigestion. One of these mental dyspepsias results in the idea that absolute accuracy should be sought for at all times and in all places. Now absolute accuracy is an ideal, not simply unobtainable but self-contradictory. It is, of course, a commonplace that accuracy is always relative—relative in the first place to the limitations of the instruments which we employ. "Accurate within the limits of error of the instrument employed" is the most that we can ever say of our observations, and that these instruments have limits of *error,* and very wide ones, is not always sufficiently realized. Neither is it realized that our accuracy is relative, not only to the limitations of the instrument employed, but also and chiefly to our *purpose.* What is accurate enough for one purpose is not accurate for a second and is too accurate for a third. I think it is safe to say that no physician in active practice can make physical examinations which are accurate even up to his own standard of possible accuracy. Such an examination would consume half a day, at least, and even then many points would be left uninvestigated because they seemed relatively unimportant. I think it is well for us to realize that this is always the case, and that in consequence it is always our duty to *direct our accuracy,* like a search light, where it can do most good. We must be inaccurate somewhere. The wise physician is he who knows well how to decide, where and when to be accurate, where and when to get along without accuracy.

Ludicrous examples confront us now and then, of misplaced accuracy, of misdirected exactness. A physician of my acquaintance was consulted not long ago by a lady for the relief of dyspepsia. The doctor made a careful estimation of the size, position, motility and secretive activity of her stomach, analyzed the gastric juices by careful quantitative methods, examined the urine, and rendered a report containing quantitative measurements of the different solids as well as the ordinary chemical and microscopical tests, counted the red and white corpuscles, measured the hemoglobin, made a differential count of the leucocytes, and examined minutely the condition of the thoracic and abdominal organs. From the indications obtained by these examinations he prescribed for the patient with great care, but as it turned out, without success, for the patient's nausea and other gastric symptoms continued unrelieved. Some months later it was learned that she was pregnant.

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Now, what I want to bring out by this example is this, the fact that altho the pregnancy could not have been discovered at the time the doctor saw his patient by any method of physical examination, yet it might have been discovered, or at any rate strongly suspected, had he directed as much energy and accuracy into the taking of his history as he put upon the physical examination. He used plenty of accuracy but he used it in the wrong place. He was too accurate, that is, uselessly accurate in some respects and correspondingly inaccurate in other and more important respects. Now the *relative importance* of the different aspects of a case is something not to be learned by becoming expert in any or all of the known methods of investigating disease. It is and must remain the work of common sense.

Let me enumerate briefly a few other examples of what I regard as misdirected accuracy, or perhaps I had better say disproportionate accuracy: 1. The estimation of the urinary solids by quantitative methods is usually a pure waste of time, not because it does not tell us anything, but what it tells us is altogether unimportant for the diagnosis, prognosis and treatment of disease. The information that it gives us is information that we cannot make any use of; inferences drawn from it may be misleading and actually harmful. Take, for example, the quantitative estimation of urea, a solid which I suppose we measure more frequently than any other of the urinary constituents, under the quite mistaken impression that we are securing thereby knowledge of the secretory power of the kidney. Now, we all know, if we stop and think of it, that the output of urea represents not merely the functional power of the kidney but the resultant of a complicated group of forces. The urea output depends not merely on the power of the kidneys but upon the amount and kind of nutrition furnished the patient and upon the success of his organs in dealing effectively with what is given him. To interpret an urea estimate we need a knowledge of the patient's total nitrogenous metabolism. In most cases in which I have known measurements of urea to be recorded there has been no accurate knowledge of the food taken into the body and no possibility of allowing for the modifications produced by such symptoms as vomiting, diarrhea, sleeplessness, confinement in bed and psychological disturbances; yet in measuring urea we are measuring something dependent upon all of these influences as well as upon the functional power of the kidney. It would be hardly more absurd if we attempted to measure the efficiency of a street transit system by the number of patrons deposited every night at the theatres. It is true that this figure would depend in part upon the efficiency of the transportation system, but to neglect altogether such factors as the degree of attraction of the plays running at any given time at the different theatres, the clemency or inclemency of the weather, and the

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state of the public purse, would be no more absurd than the attempt to measure the functional power of the kidney by the estimation of the urea alone.

A similar mistake in the distribution of our efforts at accuracy occurs in many of the quantitative estimations of hydrochloric acid in gastric contents which give us the appearance of great scientific force without the fact. Again and again I have known physicians to estimate most carefully the percentages of free or combined hydrochloric acid and of the acid salts, while they had neglected to get even an approximate idea of the two most important facts about the stomach in disease; namely, its size and its motor power. The measurement of the gross total of residue in the fasting stomach and of the size of the organ after distention with air or water, give us facts of far greater value than the more accurate quantitative estimations of acid which occupy the foreground in most accounts of the stomach functions. With Congo red paper an estimate accurate enough for most clinical purposes can be obtained in a few minutes; and the time thus saved can be put into more accurate work in other directions.

In blood examinations far too much time is spent in making counts of red corpuscles. Not in more than one case in twenty-five in my own practice do I find it necessary to make such estimation. If the hemoglobin is normal and if there are no other obvious evidences of anemia in the general examination of the patient or in the examination of the stained film-specimen of blood, there is no need for consuming the time and energy necessary for a red count. The essential parts of blood examination in the vast majority of cases are the total count of white corpuscles and the examination of the stained film. This is the direction in which we want to put our accuracy.

I think it is unnecessary further to multiply examples. Anyone can think of similar cases as soon as his attention is turned to the matter.

ACETOZONE IN ERISYPELAS.

Dr. J. Knowles, of Logan, Iowa, writes as follows: I had an ugly case of facial erysipelas in a woman of about thirty-eight years. I used as a local application a saturated solution of boric acid, and depended largely upon tincture of ferric chloride as an internal remedy. I got the attack under control and supposed I would have no further trouble, but all at once the disease began to spread over the scalp. The usual remedies did no good. I thought that if acetozone was the germ-destroyer it was represented to be, it should be of use to me. So I made a solution of fifteen grains to two pints of water and used it freely on the scalp. I obtained results at once, and in twenty-four hours the disease had abated.

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FEIGNED INSANITY: MALINGERY REVEALED BY THE USE OF ETHER.

By Charles G. Wagner, M.D.

Superintendent of the Binghamton State Hospital.

Superintendent of the Binghamton State Hospital.

On the morning of January 14, 1902, William H. Ennis, thirty-two years of age, a police officer in the Borough of Brooklyn, City of New York, killed his wife, Mary A. Ennis, by shooting her with a revolver. He then went to a small hotel in the neighborhood, engaged a room, went to bed and was soon asleep. An hour or two later he was arrested and lodged in jail. He was indicted by the Grand Jury for murder in the first degree, was tried in May following, convicted of the crime as charged and sentenced to death during the week beginning July 7, 1902. His case was appealed but the sentence was affirmed and December 14, 1903, was finally designated as the date of execution.

During the trial it was shown that Ennis had been a police officer for eight or nine years; that he was a hard drinker and possessed a bad temper; that he was married in November, 1900, and had boarded with his wife's mother for about four years prior to his marriage; that after his marriage he frequently came home intoxicated and was abusive in language and conduct toward his wife who finally, with her three weeks' old baby, left him about four months before the commission of the crime and obtained a legal separation. A large amount of expert medical testimony was offered by the defense in the attempt to show that the accused was suffering from paranoia; that he was delusional, epileptic and demented, and that he was unable to walk on account of lateral spinal sclerosis, all of which conditions were declared absolutely incurable. Other testimony by well-known experts was offered by the prosecution to show that the accused was feigning. In court Ennis was incoherent and answered questions irrelevantly or not at all. He appeared unable to walk without assistance or to stand erect with his feet squarely on the floor. At each step as he rested his weight to some extent on the ball of his foot, a violent coarse tremor agitated the entire leg. These abnormal mental and physical phenomena Ennis exhibited thruout his trial and after conviction, on the way to the state prison at Sing Sing, N. Y., where he was confined until his execution.

From the testimony of the prison physician at Sing Sing, the warden of the prison and the keepers who came in daily contact with Ennis, it appears that throout the following eighteen months he manifested little if any interest in his surroundings or in outside matters, rarely asked questions, and when spoken to usually replied incoherently or not at all. His expression and manner impressed the prison officials as indicating dementia or im-

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becility, altho they were somewhat suspicious that he might be feigning.

During the entire period of his incarceration Ennis was never observed standing or walking without assistance; at all times he appeared to be unable to sustain his weight with his feet squarely on the floor, but when supported on each side he could walk or drag himself along on the balls of his feet, and while doing so his legs were invariably violently agitated by the coarse tremor previously referred to. As the time for execution approached the warden of the prison, being in doubt as to Ennis' mental condition, requested the Governor to appoint a commission to examine him. Governor Odell appointed as such commission Dr. George A. Smith, medical superintendent of the Manhattan State Hospital at Central Islip, N. Y., Dr. Daniel H. Arthur, medical superintendent of the Gowanda State Hospital at Gowanda, N. Y., and the writer.

On December 1, 1903, the commission met at the prison and after careful study of the records of the case examined Ennis. The prisoner was brought from his cell by two keepers to the office of Principal Keeper Connaughton. As he entered the office he was in great agitation. His legs, and to a less degree both arms, trembled violently. He appeared unable to walk, but apparently tried to put his feet forward step by step as the officers supported him into the room. Apparently when he bore but little weight on the balls of his feet the muscular tremor of his legs became so great that he would have fallen if he had not been supported. He appeared unable to straighten his legs so as to bring his heels to the floor. When seated in a chair the tremor subsided and his mental agitation became less pronounced. The expression of his countenance was idiotic or imbecile and he appeared not to know where he was or to realize the nature of the questions that were put to him. When asked his name he made no response until the question was repeated many times, and then only when spoken to sharply, he said, "Ennis." When asked his first name, after considerable delay he said, "William." After being asked many times how old he was, he said "thirty-five," which was not correct, his age being thirty-three years. No further answers could be drawn from him during the examination, but when asked if he had ever received any injury to his head, he nodded quickly in the affirmative and pointed to a spot on his head where an old scar was visible. When asked why he trembled he made no reply, but to the question "Are you afraid?" he immediately laughed and shook his head, as if desirous of conveying the idea that the tremor was due to disease and not to fear.

Ennis frequently laughed during the interview in an imbecile manner and almost continuously moved his lips as if whispering to himself, but no sound of speech could be heard. He continually

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looked about the room with a vacant stare. At the close of the examination, when removed from the office to his cell he dragged his feet in the same manner as when entering, and exhibited the same tremor of legs and arms.

On December 3, two days later, Dr. Smith, Dr. Arthur, and the writer again visited the prison and saw Ennis. He was brought into the office by two keepers. His countenance wore the same imbecile expression and his gait was unchanged, but when questioned he manifested slightly increased intelligence. He gave his name more promptly and when asked about the injury to his head, he immediately raised his hand to the vicinity of the scar and said "Doctors did that." When asked where he was, he replied, "In a hospital," and said that Doctors brought him there. He did not seem to realize that he was in prison, that he had committed a homicide, or that he had ever had a wife. His hearing was tested and found good. His pupils reacted promptly to light and distance. Reflexes were normal except the knee-jerk, which was slightly increased. When shown different colored worsteds, he called red black and yellow red, but a few moments later when shown yellow again he appeared unable to say what color it was. When tested as to the taste he answered promptly and correctly when given sugar, but shook his head when asked to tell what salt, acetic acid, and bromide solutions tasted like. A variety of other tests were made and altho Ennis showed somewhat more intelligence than on our first visit, he would not admit any knowledge of his crime. The examination lasted nearly two hours, after which Ennis was returned to his cell, two keepers supported him on his way to the elevator, and the same tremor of his legs was observed as when he was brought in. At this time the prison physician stated that, while visiting Ennis in his cell, he had asked him why he did not answer our questions, to which he replied that he did not know who we were and so he was not going to talk to us.

The results of our examination had thus far been to a considerable extent negative and, therefore, unsatisfactory. But owing to the contradictory character of the testimony at the trial and the irregularity of the alleged symptoms during his imprisonment, the commission were all of the opinion that Ennis was malingering, notwithstanding the absence of conclusive proof to sustain their convictions. It then occurred to the writer that an anesthetic might be of use in obtaining the desired evidence—the idea being that, if Ennis were malingering, the fact would become patent when all voluntary and purposeful action should be in obeyance. Accordingly, the commission met at the prison, December 8, for the third time. The prisoner was again examined. His expression of countenance, manner, gait and general appearance were unchanged. He was taken to the hospital operating room, placed upon the table and ether administered.

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He made no resistance and altho his breathing was observed to be shallow he was soon apparently quite unconscious, but when taken from the table and with the assistance of two keepers made to walk he quickly revived and exhibited the same phenomena of gait, and the same expression of countenance as at the previous examinations.

In a few minutes he was again placed upon the table and ether administered until his muscular system appeared relaxed and consciousness was again apparently gone, but on being brought to his feet, altho it was evident his mental faculties were somewhat clouded, his gait and countenance were unchanged. After a short delay Ennis was placed on the table for the third time. He made considerable resistance and declared he would not "take any more of that stuff," referring to the ether. Resistance was overcome and the ether administered until complete unconsciousness and thoro muscular relaxation were obtained. Just before this degree of anesthetization was reached Ennis became talkative, profane, and abusive; his voice was loud and strong, and his language coherent, forcible and expressive; whereas previously he had talked but little and always in a low tone. While still profoundly unconscious he was lifted from the table and stood upon his feet. As consciousness began to return, with a little assistance he walked across the room without difficulty or muscular tremor, and at each step placed his foot squarely upon the floor. He walked out into the corridor to the elevator and on reaching the ground floor walked to his cell without assistance. The plea of lateral spinal sclerosis was thus disposed of.

The change in the character of Ennis' speech during anesthetization, his coherent, loud, profane language, which was evidently a near approach to his normal expression, and the elimination of the alleged spinal disease satisfied the commission that the pretense of insanity was without foundation and report was made to the Governor accordingly.

On the day following the last examination Ennis was visited by the prison physician, but he would not talk beyond saying that he was sick and wanted to sleep. The next morning, however, he was very communicative. When he saw the prison physician approaching he immediately called out, "I had all you fellows guessing all right and you never would have caught me only for the ether." He said he had been "under an awful strain for a year and a half" and that he would "rather go to the chair than go thru the same experience again." He talked freely about the murder and put the blame for the crime on his wife's mother. He talked intelligently about his whole life, admitted the crime and had no hope of escaping the electric chair. He said that no physician or lawyer had posted him on how to act or walk, but that one day while standing at his cell door, before his trial and after the alcohol was pretty well eliminated from his system, his

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legs trembled so much that he could not stand and keep them quiet. This trembling suggested the idea, and all that he had to do, he said, was to exaggerate the shake somewhat and put on a "few fine touches." The prison physician stated in a letter to the writer after the execution that Ennis proved to be quite a sensible fellow in his conversation, and that he went to the chair without showing any fear.—*Med. News.*

A CASE OF POISONING BY ANTISEPTIC TABLETS.

By Leonard W. Brown, M.D., House Physician,
City Hospital, Indianapolis, Ind.

Miss R., age 21, was admitted to the Indianapolis City Hospital June 21, 1904, suffering from corrosive sublimate poisoning. At 11.30 p. m. she had intentionally swallowed two antiseptic tablets containing 14.6 grains of bichloride of mercury. She said she had become nauseated soon after the poison was taken and there was slight emesis, but not of any consequence. When admitted to the hospital ward she was suffering from intense burning pains in the epigastrium. She was conscious and had a normal temperature and pulse. The breath gave the odor of beer and at a later period I ascertained that she had imbibed a considerable quantity. She was given egg-albumen and immediately thereafter a hypodermic injection of apomorphine, which produced violent emesis in one and a half minutes. The pain ceased, but later became severe again. Thirty grains (I should have given three hundred.—Editor) of subnitrate of bismuth was given per os and quietude produced by hypodermic injections of atropine and morphine which was given at intervals during the night. A few hours later the bowels moved freely, the stools being dark and watery and of a hemorrhagic nature. The bowels moved several times before morning and of the same nature. There was no retention or suppression of urine nor did it contain any blood. Patient slept three hours, and at 9 p. m. complained of pain in the stomach and bowels for which one-sixth grain sulphate of morphine was given attended by relief. At 11.30 a. m. five ounces of urine was voided with some difficulty. An ounce of castor oil was administered, but was only partially retained. In the afternoon the patient vomited a dark green fluid, the bowels moving simultaneously, consisting of small particles of mucus and blood. At 7 p. m. morphine and atropine were again administered. On the next day, the 22d, at 10 a. m. six ounces of dark urine was voided and the bowel movements were analogous to those mentioned heretofore. During the day the patient suffered from nausea and pain and was unusually restless, as she had been on the night before. On the 24th, after passing a restful night, the patient was more comfortable, and there was an approach to a normal condition in other avenues. Upon admission the diet consisted principally of milk. The patient at her own request was discharged June 25, at which time she was safely convalescent.—*Cen. St. Med. Mag.*

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By Wm. J. Robinson, Ph. G., M.D.

Kairine. A derivative of quinolin. This compound has the distinction of having been the first medicinal synthetic of the modern era. It was recommended as a substitute for quinine. It is dead and buried now—has been for a long time—but it gave a remarkable impetus to medico-chemical research which soon resulted in the introduction of acetanilid and the discovery of antipyrin. Of the activity which followed the latter discovery it is unnecessary to speak: this modest Treatise is somewhat of a witness.

Kelene. The commercial name of a highly pure grade of ethyl chloride, put up in special tubes, holding from 10 to 15 C.C.

Kineurin. Trade name for quinine glycerophosphate.

Korestol. Solution of Korestol. An aqueous solution of formamidsulphonate of zinc, iodophenolsulphonate of zinc and various other iodine combinations of unsaturated hydrocarbons. Used as an antigonorrheal by injection.

Kryofin. Methyl-glycol phenetidin. Differs from phenacetin in that the methyl-glycollic acid radical replaces that of the acetic acid radical. White crystalline powder, practically insoluble in cold water. Antipyretic, antineuralgic, claimed to produce the same effect as a double dose of phenacetin. Dose: 3 to 8 grs.

Lactanin. A compound of bismuth and lactic and tannic acids; bismuth dilacto-monotannate. Yellow powder, odorless, tasteless, insoluble in water. Dose: 3 to 5 grs. for children.

Lactopeptine. The formula of this preparation is said to be as follows: Pepsin, Pancreatin, Ptyalin, Hydrochloric acid and Lactic acid. Digestive. Dose: 10 to 20 grs. Also in tablet from. An elixir of lactopeptine is also on the market, with various combinations, such as strychnine, pyrophosphate of iron, gentian etc. The combination is a good and useful one.

Lactophenin. Lactyl-phenetidin. Closely allied to phenacetin, from which it differs by containing the lactic acid radical instead of the acetic. White crystalline powder, of a bitter taste, very slightly soluble in water (1 in 500). Antipyretic, antineuralgic. Dose: 5 to 15 grn.

Lacto Somatose. A preparation of the milk albuminoids (converted into albumoses) combined with about 5 per cent of tannic acid. Odorless tasteless powder, soluble in water. Recommended in digestive troubles connected with diarrhea. Dose: for children ¼ to 1 teaspoonful. For adults a tablespoonful. See Somatose.

Lettubrin. A disinfectant and vermin destroyer, said to consist of carbolic acid, concentrated acetic acid, benzene and alcohol.

Liantral. An extract prepared from coal-tar by treatment with benzol. Brownish-black viscid liquid, insoluble in water, soluble in benzol; only sparingly soluble in fats. Recommended in the treatment of various skin diseases, in the form of solution (1 part liantral, 9 parts spirit of ether), ointment, soap etc.; also prepared as a dusting powder with talcum.

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Liquor Ambrosia. A fluid extract of ragweed (Ambrosia Artemisia) with aromatics, introduced by Dr. H. H. Curtis for the prevention and cure of hay fever. He believes that the affection may be prevented by taking 2 to 10 drops of the preparation after meals for two weeks preceding the attack.

Lithium Vanadate. Yellowish white crystalline powder, soluble in water. Dose: $\frac{1}{10}$ gr. twice a day, every 2—3 days. In anemia and chlorosis.

Lofotol. Cod liver oil charged with carbon dioxide. Not a chemical combination, but a physical solution. Taste of the oil pretty well masked. In screw-stoppered bottles.

Loretin. Meta-iodo-oxy-quinoline-sulphonic acid. Yellowish powder, odorless and insoluble in ordinary solvents. With ethereal liquids, like collodion, and oils forms emulsion. Strong antiseptic and recommended as a substitute for iodoform. Employed in substance, or in 5 to 10% ointment. Has just been revived under the name Griserin (the latter differs slightly from loretin, by having some alkali added to it. Küster, Berl. Klin. Wochens. 43, 1904), as a wonderful internal antiseptic. Dose: 3 to 8 grs.

Losophan. Tri-iodo-meta-cresol. $C_7H_5I_3O$. Colorless, odorless crystals, insoluble in water, but soluble in dil. alcohol, ether and hot fatty oils. Contains 78.5% iodine. Vulnerary and in parasitic skin diseases, also eczema, prurigo, etc. Applied in 1% solution (dissolved in 75% alcohol) or in 1 to 3% ointment.

Lycetol. Dimethyl piperazine tartrate. White powder soluble in water, odorless, slightly acid taste. Uric acid solvent and somewhat diuretic. Dose: 5 to 15 grs. dissolved in plain or carbonated water.

Lygosine. Sodium lygosinate. A combination product of salicylaldehyde and acetone. Greenish crystals, very soluble in water, yielding a ruby red solution. Decomposed by acids. Recommended in gonorrhea in 1 to 5 per cent. solutions.

Lysidin. Methyl-glyoxalidine. Ethylene-ethenyl-diamine. Pink or red crystals, of a peculiar mousy odor, very hygroscopic. On account of this last property, it now appears on the market as a 50 per cent. solution only. The solution has a pale-yellowish color and feels soapy to the touch. It is used in all conditions where a uric-acid solvent is indicated. Dose of the 50% solution: ½ to 2 fl. drams dissolved in a gobletful of carbonated water.

Lysoform. A combination of lysol and formaldehyde. A yellowish liquid of a thin soapy consistence, soluble in water and alcohol. Antiseptic. Used in the form of a ½ to 2 per cent solution as an injection into the vagina, bladder or urethra. For hand disinfection it is used in the strength of 2 to 4 per cent.

Lysol. Made by saponifying a certain portion of tar oil (the one that distills over between 190° and 200° C) with fats and adding some alcohol. Said to contain 50 per cent of cresols. A brown soapy liquid, of a

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creosote like odor and miscible with water in all proportions, forming a milky-turbid frothy solution. In its antiseptic power it is claimed to be 5 times stronger than carbolic acid, while much less toxic. It is a great favorite with many surgeons and gynecologists. It does not roughen or injure the hand or surgical instruments. Its lubricant property is an additional advantage. For disinfecting the hands and as a vaginal douche a 1 to 2 per cent solution is used (1% is strong enough); as in injection into the bladder it should not be used stronger than 1 in 500 or 1 in 1000.

Malakin. Salicylic-aldehyd-para-phenetidin. Yellowish crystalline powder, odorless and tasteless, but very slightly soluble in the ordinary solvents. Antirheumatic and antipyretic; also claimed to be anthelmintic. Dose: 15 grs.

Malarin. Acetophenetidin Citrate. Yellow crystals, somewhat sour taste, insoluble in water, soluble in alcohol. Antipyretic, antineuralgic and sedative. Dose 8 grs. It said to produce dangerous toxic by-effects.

Maretin. Chemically methyl-acetanilid. White shining crystals, almost tasteless, but very slightly soluble. Dose 4 to 8 grs. Claimed to be much less poisonous than acetanilid.

Matzoon. Zoolak. A well known form of fermented milk. Contains no carbonic acid and has a pleasant taste.

Melachol. A mixture claimed to have the following composition: sodium phosphate, 100 Gms.; sodium nitrate 2 Gms.; citric acid 13 Gms.; water to make 100 C. C. Laxative and cholagogue. Dose: 1 to 2 teaspoonfuls.

Menthophenol. Prepared by warming a mixture of menthol and phenol. Clear liquid. Antiseptic and analgesic. 10 drops in a glass of water as a mouthwash.

Menthoxol. A solution of menthol in a mixture of peroxide of hydrogen and alcohol. Vulnerary antiseptic and antipyretic.

Mercauro. A true solution of the bromides of mercury, gold and arsenic A clear dark red liquid. Dose: 5 — 15 minims in water after meals, but may be gradually increased.

Mercolint. Mercurlint. Mercolint Chest pad. Small linen aprons saturated with a 90% strong mercurial ointment. They are worn on the chest (especially by infants) and are claimed to be a superior substitute for mercurial ointment. The heat of the body volatizes the mercury which is absorbed in the gaseous state. The finding of mercury in the urine and the stomatitis which is occasionally set up from the wearing of the pad are proofs of the correctness of the assertion.

Mercuralgam. Consists of finely divided metallic silver (40%), aluminum, magnesium and chalk. Also contains a small amount of fat to give it adhesiveness. Used externally. It is claimed that the mercury becomes volatized and is absorbed by the pores of the skin, the lungs, etc. Formerly called mercuriol, but on account of the name Mercurol, the name had to be changed.

(To be Continued)

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194.—Ferri et Quin. Citr. Solub. ..... ℥ij
Liq. Amm. Acet. ..... ℥ij
Syr. Rub. Id. ..... ℥ss
Aquæ ..... ℥iv

On dissolving the iron and quinine citrate in the water and adding the solution of ammonium acetate, a white precipitate is noticed. The precipitate is not due to the iron in this case, as ferric acetate is very soluble, and ferric citrate is not precipitated by ammonia water. The precipitate which gradually forms is quinine acetate. If the solution of ammonium acetate be strongly alkaline, i. e., if it contain an excess of ammonium carbonate, a portion of the quinine citrate will be precipitated as alkaloïdal quinine. At best it is a very inelegant combination.

195.—Kali Iodati ..... ℥vi
Aquæ Regiæ ..... ℥ij
Aquæ Fontanæ ..... ℥iij
S.: Cochlear parvum post cibum.

This mixture soons turns dark brown. Nitrohydrochloric acid contains free chlorine, which decomposes the potassium idodide, with the liberation of iodine. If taken by the patient, this mixture would be liable to prove extremely irritating.

196.—Resorcin ..... gr. iij
Antipyrine ..... gr. viij
Phenacetin ..... gr. ij
Mf. pulv. No. i. Dent. Tal. Dos. iv. S.: One every hour.

Resorcin is incompatible with antipyrine; when prescribed in powder form, they liquefy, especially in damp weather. There is no way of preventing it, except by placing the resorcin on top of the antipyrine and phenacetin, without any trituration; or by putting the resorcin in separate powders.

197.—Tr. Ferri Chloridi 10.0
Resorcini 5.0
Glycerini 20.0
Aquæ 100.0

Resorcin is very similar in most of its reactions to carbolic acid. Carbolic acid is a monatomic phenol, while resorcin is a diatomic phenol, that is, one hydrogen in the carbolic acid is replaced by a hydroxide. The deep violet-blue color of this mixture is due to the reaction between the ferric chloride and the resorcin.

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198.—Ol. Terebinthinæ.....3iij
Morph. Acet.....gr. i
S.: Every six hours fifteen drops.

This is a somewhat peculiar prescription. On adding the morphine to the oil it will be found that it sticks to the sides and bottom of the bottle, and if dispensed in this way the patient would get no morphine. The way one druggist dispensed it was by adding to the oil an approximately equivalent quantity of oleate of morphine. A more eligible method would be the following: Dissolve the morphine in a little water, add a few drops of olive oil and a few grains of powdered acacia, rub until emulsified, and incorporate the oil of turpentine. Direct the patient to shake the bottle well before using.

199.—Tr. Ferri Chlor.....3ij
Tr. Valerian. Ammon.....3vi
30 drops three times a day.

The aromatic spirit of ammonia employed in making the ammoniated tincture will precipitate the iron as ferric hydrate. It would be practically impossible to take the medicine by drops or even by teaspoon, as the precipitate is very bulky and gelatinous. There is no way out of the difficulty.

200.—Hepar Sulphuris.....3i
Hydrogenii Peroxidi.....ʒij
Aquæ Rosæ.....ʒij
S.: Lotion. Apply at night with lint.

I doubt whether this lotion, which is expected to beautify the complexion, has any virtue in it whatsoever. The liver of sulphur —or potassa sulphurata—is, as is well known, not a definite compound, but a mixture of all or of several of the following compounds: Potassium monosulphide, K_2S; potassium trisulphide, K_2S_3; potassium pentasulphide, K_2S_5; potassium thiosulphate (wrongly called hyposulphite), $K_2S_2O_3$; and potassium sulphate, K_2SO_4. When dissolved in water, liver of sulphur yields an orange-yellow solution; on adding peroxide of hydrogen, the solution becomes milky white. All the various sulphides become oxidized to sulphates; the peroxide, of course, becomes reduced to hydrogen monoxide, water. The milky turbidity is due to the sulphur which precipitates from the thiosulphate.

(To be Continued)

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ODDS AND ENDS.

MATERNAL IMPRESSIONS.

Editor Critic and Guide: Your December issue brings up this subject and states the arguments of the opponents—viz.: no vascular or nervous connection between mother and child. To me the explanation has long seemed simple, and in these days of marconigrams even more so. We are familiar with induced currents in electricity. We use a faradic current that has no more "connection" with the battery than the child's nervous system has with the mother's. It is not a far-fetched or hazardous supposition that a very forcible impression on a mother's nerves may *induce* some effect on the child's, for the child is within the mother much as one coil is within another in part of a faradic machine. To me this seems too easy—and so probable an explanation that I find it easier to credit some wonderful tales than to discredit all. I have often given this explanation in conversation, but have never happened to see it typed.

120 Lexington Ave., New York. E. B. FOOTE, JR., M.D.

[This explains why sudden fright or shock may induce maldevelopment or deformity in the fœtus. It does not explain, however, how the sight of a certain deformity produces a *corresponding* deformity in the fœtus. What is the connection between the mother's *seeing* a harelip and her child having the same malformation?]

* * *

Do you really think that a calamity has befallen you? Just put your head under the cold water faucet and analyze that calamity calmly, slowly and carefully. Take my word for it, that most probably that calamity will rapidly diminish in size and will be seen to be just a small temporary annoyance or unpleasantness. There is nothing that is so easy to manufacture as a calamity. And what is the use worrying, any way? Worry all you want, if by so doing you will improve matters. Otherwise, shake it off, *Shake it off!*

* * *

The January number of the Interstate Medical Journal is an Annual Medical Progress Number and contains 166 pages of well abstracted and well digested reading matter. It is an excellent resumé of the year's progress in all branches of medicine and is alone worth a year's subscription price.

THEY CONTINUE TO GROW.

Hegeman & Co. are now sampling the profession with two specialties: Santalsol, a very eligible compound soluble extract of Sandalwood and Lubrikant, a sterilized lubricant for use on surgical instruments, and in addition to these, they are putting to the front their Peroxide of Hydrogen which they claim to be a perfect product, stable, safe, and reliable. They are also asking the attention of the profession to their ANALYTICAL DEPARTMENT which is in charge of an experienced chemist and biologist.

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

Subscriptions must commence with January issue. If a copy fails to reach you by th 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. MARCH 1905 No. 3.

WILL THE VEIL EVER BE LIFTED?

S.S Kaiser Wilhelm der Grosse.

Midnight. Comparative silence reigns on the big long boat. Only an occasional splash of a wave and all is quiet again. Sleep, after the long tiresome day, would be a welcome visitor, but in spite of the most earnest invocation, it fails to come. The millions of the little wheels in that wonderful little machine called the brain refuse to stop revolving—you think, think and think, until you can stand it no longer. You dress quietly and slip out on deck. It is a grand, glorious night. Beneath you the restless, turbulent Atlantic, above you the clear, boundless firmament, studded with millions of scintillating stars. You are alone with nature. You feel her mighty grandeur, and you feel your own littleness. And hundreds of questions keep crowding upon your poor brain. Where did we come from and whither are we going, and what is all the struggle for and does death end it all or is there a life beyond, and is it the work of intelligent forethought or is it merely the result of accident—these and similar questions attack you with ruthless pertinacity and in vain, in vain you search for an answer. And how small, how indescribably small the work of most of those ants called human beings appears to you. And strange to to say, even the Editor of the CRITIC AND GUIDE and his work dwindle away into insignificance. And then you suddenly look up and see the millions of stars above you. And you *know* that each star is a world in itself, thousands of times bigger than the second-hand planet on which you live, and you know that each one of those worlds must be inhabited, must have life. And you

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are seized with a passionate yearning to know what kind of life there is "up" there, what kind of beings, what kind of civilization, etc., etc. And you say to yourself: Oh, if the veil would only be lifted for a moment, if for one short moment I should be granted the privilege of seeing into the future of the human race, or of watching the life of other planets and stars, I should cheerfully and gladly die for it. And then—

Then an arm steals around your waist and a loving voice whispers: "Come down, dreamer, come down. I have become quite alarmed over your long absence. It is two o'clock."

I did not imagine I had stood two hours on deck.

RANDOM NOTES

I promised you to describe "everything." This will come later. Now you must be satisfied with hastily penciled notes.

Tuesday, the 7th of February, the day on which I did the Kaiser Wilhelm the honor to become one of its passengers, was a sharp, crisp, bright day. The sea was smooth, and we all enjoyed ourselves on deck. But towards evening, a richly gowned, bejeweled lady from Philadelphia brought out on deck a bottle of Peruna to give a dose to her little boy; as she was about to pour out the dose, the boat gave a slight lurch and overboard went the bottle of the "precious tonic." The stuff seems to have made old Neptune very mad, for he struck his trident in great fury, and we soon had one of the worst and most dangerous storms that the Kaiser Wilhelm ever had to face. We had to go considerably out of our course in order to get into smoother waters. And what a sad looking lot we all were on Wednesday! I wasn't seasick a minute all thru the voyage, but I can't say that I felt extra buoyant. It is remarkable how a few hours rolling and lurching will take all the starch, all the jauntiness, out of the prettiest looking dude.

* * *

One would think that at this time of the year not many would care to cross the ocean. The first cabin was full. Practically every seat at the tables was occupied—that is, the first and last days. We had a lot of prominent people—barons, counts, countesses, pianists, jockeys and so forth. Mr. Rockefeller (William) was also there accompanied by his wife and daughters. The old couple looked like thirty cents—somebody said they reminded him of a Dutch couple who had a little delicatessen store on Avenue A. We got quite chummy, but the question of the Standard Oil Co. and of Ida Tarbell was not brought up.

* * *

The smoking room on a steamer is the despair of the hygienist. Here on the deck we have the purest, cleanest, life-giving ozone that one can breathe anywhere, and there

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beyond the atmosphere is so thick with smoke that you cannot well distinguish the faces. And still many gentlemen spend there their entire day and evening. You never see them on the deck. Every minute between the meals is spent there smoking, drinking and playing cards. And how some do drink! One good natured chap told me that whenever he crossed the ocean his drinking and smoking bill always amounts to more than the passage money. He pays for his ticket $125 to $140 dollars and his bill for cigars and wine amounts to about $150. One could well believe him, for you seldom saw him minus a cigar or a bottle of Mumm's. An ocean voyage cannot do such people much good.

* * *

It is an indescribably grand, magnificent spectacle to watch the sea in a real storm. You are on level "ground". Before you know it, you are riding on the top of a mountain, higher, higher, higher, and all at once a deep valley has been formed as if scooped out by a gigantic hand, and down you go, lower, lower, lower; and then you are on level ground again. Not for long, however. It is fine., "Yes, it is," says Mrs. R. looking over my shoulder, "but I should much prefer to watch this grand spectacle from a distance, say from the windows of 119 East 128th Street." Well, Mrs. R. always prefers warm comfort to chilly poetry.

* * *

I guess I wasn't seasick because I made up my mind not to be, but the value of a snug, or even somewhat tight abdominal bandage cannot be doubted. It certainly diminishes the concussion of the stomach and intestines to a considerable extent. Several people put on such bandages at my suggestion and said they felt greatly benefited. Of medicinal measures shall write some other time, but the bromides are a humbug, i. e., they are worse than useless.

* * *

The littleness, the penuriousness of Europe as compared with America becomes glaringly apparent to you as soon as you step on European ground. Some of the things are laughable, but they are characteristic, and one thing struck me as very funny as I entered the train from Bremen to Berlin. The Europeans have become civilized enough to have toilets in each railway car. At least they have them 1st and 2d class; whether they have them 3d and 4th class, I don't know. But there is no toilet paper. *In order to obtain toilet paper, you must throw in a 10-pfennig piece* (2½ cents) into an automatic machine. Now, what do you think of that? Wouldn't that jar you? And the railways are run by the government! At Hannover we had to wait for a train and a fellow passenger went into the station toilet to urinate. He had to pay 10 pfennig for the privilege. I never saw a more disgusted man. "This is a nation of beggars" said he.

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And his opinion became fortified when that same evening he accompanied us to the theatre in Berlin. For besides paying quite respectable prices for our tickets, each had to pay 25 pf. for a wardrobe check and 10 pf. for a program! It isn't the money, which does not amount to much, it is the nuisance of the thing. And then tips at the hotels—too busy, now, some other time.

* * *

The good souls who say that New York is an immoral city should be requested to take a walk down the Friedrichstrasse some time between 6. p. m. and 6 a. m. As I always said, New York is a saintly city in comparison with Berlin and Paris. Anyway, if there is vice in New York, it is not flaunted openly in your face; you have to search for it. Not so here. And Berlin is getting more immoral, more debauched, than Paris ever was. And this is done with the connivance and encouragement of the *highest* authorities—so as to make the city more and more attractive to strangers. It is the Kaiser's ambition to make Berlin take the place of Paris as the world's gay capital. And I certainly find Berlin much gayer and livelier than it was ten years ago. In comparison with it Vienna—and New York also?—is positively dead.

* * *

It has been said that the population of Paris may be divided into three classes; those who have had syphilis, those who are having it now and those who will have it later on. If we substitute the word gonorrhea for syphilis, the statement may certainly be applied to Berlin. The gonorrhea and also for that matter the syphilitic material is enormous and inexhaustible. The clinics and polyclinics of venereal diseases are numerous and they all have material in abundance. Here are the clinics of Casper, Posnet, Nitze. Frank, Lewin, Lesser, Lassar, Joseph, Hoffmann, Wossidlo, Mitscherlich Buschke, Behrend, Bruns, Heller, Brüning, etc., etc.—a real *embarrasdes richesses.* Would it be unfair to suggest that the increasing gaiety of Berlin is in direct connection with the constantly increasing supply of material for the venereal clinics? Some of the professors I have spoken to seem to think so.

A LONG AND LANKY FAT MAN.

The methods of the fakers and quack manufacturers are wonderful. That the "before and after" photographs which fill the ignorant and credulous with admiration are generally manufactured to order has been long known to the initiated, but as it may not be known to our readers, we will give an amusing incident of it. A poor half-starving devil was recently brought before a magistrate on a charge of vagrancy. In reply to a question from the bench as to what he did for a living, the man, who was long and lanky, and had a half-starved look, stated that he was by

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profession a fat man. He explained to the astonished magistrate that he was employed by a manufacturer of medicines for the cure of obesity to pose for an illustrated testimonial. For this purpose he was dressed in a suit of "tights" made of india rubber, which was inflated so as to give him the appearance of a man of Falstaffian dimensions. A photograph taken of him in this character was described as "before treatment." He was then pumped out by degrees, protographs being taken at each stage of shrinkage, and described as "after one month's treatment," after two months'," and so forth. It is not a profitable trade, as photographs once taken have an indefinite run; hence the "fat man" may illustrate the completeness of the cure by dying of starvation.

THE RUSSIAN CENSORSHIP.

We take the following from the *British Medical Journal*:

The following story affords a striking illustration of the methods and results of the Russian censorship. Vassili Yarushkin, a brilliant graduate of Moscow University, recently died there in poverty at the age of fifty. Twenty-three years ago he wrote a work on physiology, embodying a number of discoveries which were considered by his scientific friends to be of great importance. The manuscript went to the censor in 1883. It never came back. Again and again the author applied for permission to print, and for the return of his manuscript. He accumulated a drawerful of formal replies, stating that the matter would receive attention. Soured and disappointed, he never undertook other work. On the morning of the funeral a packet of manuscript arrived at the house where he died, with the stereotyped approval of the censor expressed in a formal note.

A good example of the workings of the most scoundrelly, most murderous autocracy in the world. A work on physiology cannot be printed without the sanction of the brutal, ignorant muses.

"A fashionable doctor is only one degree less detestable than a worldly or irreligious priest. His existence is only possible in a society where reverence for the body is a declining force. He could not live in a healthy-minded community. There is something particularly obnoxious in placing one's delicate organism in the hands of a man who is steeped through and through with the world's follies and frivolities, who regards pain and suffering as means to his own enjoyment, and looks upon his patient as a 'case' to bring him fame or fortune."

The above words by a London critic have raised a howl in the world's metropolis.

The minority isn't always right, either.

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THE PATENT MEDICINE TESTIMONIAL.

The marvelous sale attained by certain patent medicines has often caused many to wonder how it was achieved. The following from a lay paper shows how some of the extroardinary testimonials are obtained: "Remarkable testimony has been obtained by the post-office department as to the ways in which testimonials are obtained by some of the big concerns engaged in this business. One large firm admitted that it had agents out seeking persons who had formerly occupied prominent positions in the community, but had suffered financial reverses and were harassed by debts they were unable to settle. The agents would obtain possession of the unpaid accounts, and would then apply pressure to the unfortunate victims, demanding immediate payment in full. Finally, after long persecution, the desperate victim would be invited or commanded to call at the office of an attorney, where he would be given to understand that if he would sign and swear to a testimonial a receipt in full for the claims against him would be given. This seems incredible, but the facts are now on file in the records of the post-office."

OPINIONS.

A great portion of the opinions of mankind are notoriously propagated by transmission from one generation to another, without any possible option on the part of those into whose minds they are instilled. A child regards as true whatever his teachers choose to inculcate, and whatever he discovers to be believed by those around him. His creed is thus insensibly formed; and he will continue in after-life to believe the same things, without any proof, provided his knowledge and experience do not happen to infringe upon their falsehood. Mere installation is sufficient to make him believe any proposition, altho he should be utterly ignorant of the foundations on which it rests, or the evidence by which it is supported. It may create in his mind a belief in the most palpable absurdities; things, as it appears to others, not only contradicted by his reason, but at variance with the testimony of his senses; and in the boundless regions which the senses do not reach, there is nothing too preposterous to be palmed off on his credulity. The religious opinions of the majority of mankind are necessarily acquired in this way; from the nature of the case they cannot be otherwise than derivative, and they are as firmly believed, without the least particle of evidence, as the theorems of Euclid by those who understand the demonstrations.

VALUE OF ACONITE—WHO WILL DECIDE.

In reference to aconite Schmiedeberg says: "Saving its value in neuralgias, it can be relegated to the obsolete means of treatment." But Ringer, who is a thoro clinician, says: "Perhaps no drug is more valuable than aconite." What say ye, Drs. Abbott and Waugh?

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(Written for the CRITIC & GUIDE).

ETHICAL FARMACY.

By A. Bancroft Wilcox Firmin.

I am quite certain that no pharmacist has read the article entitled "Ethical Pharmacy," in the January number of the CRITIC AND GUIDE who has not enjoyed the bright and sparkling exposition of the author's observations, and there is much is these observations which the druggist should take to himself, for they disclose the effects our establishments have on the minds of the physicians, who, naturally, view us and our pharmacies from a standpoint that is very different from any we can ourselves attain. It is reasonably certain that our critic voices the opinion of many of his fellow physicians and as it is important for business reasons, if for no other, that pharmacies be made to appear well in the eyes of the elect, it would be well for us all to read the article to discover if any part of the picture painted is faithful to our stores: and we should then determine, if the picture *is* faithful, if it would be practicable to modify our methods, or adjust our establishments, so as to meet the exactions of our critics, and secure an augumentation of their favor, without jeopardizing any of our interests dependent upon the favor of the general public. This as a matter of practical policy only, and without committing us to the accuracy of the conclusions reached by our critic.

I can see no incongruity in a druggist being at once a business man and a professional one, and in combining both enterprises in one shop and under the same roof. As a matter of fact, practically every profession has a business element in it; and while the business acumen of most professional men is devoted exclusively to the marketing of their professional abilities, the druggist employs his business acumen in marketing, not only the products of his professional skill, but a great variety of other things which the public demands as well. This is not a difference that is vital, or that should be regarded as detracting in any way from the right of the druggist to be regarded as a professional man. It happens in the case of the druggist that the two elements of his makeup are so closely juxtaposed that the contrast is noticeable; but there is no reason why it should offend or shock.

The fact that a large percentage of a pharmacy is devoted to soda water, rubber goods, sundries and toilet articles; with an array of patent medicines, and that round about are seen advertisements lacking in taste, bizarre and unæsthetic, should not be regarded as evidence that the prescription department is of secondary importance, or that the work done there is not of the very highest standard. It is equally a mistake to assume, that because a proprietor and his clerks are seen hustling about selling this varied stock, that when the prescription comes along, they

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will not know how to handle it. The fact that the druggist does all these things, and does them well, does not impair his professional knowledge or skill. He remains a professianal man and becomes a great deal more besides.

Our critic at first refers to porous plasters, menstrual pads and cathartics, and in the beginning I thought his objections were æsthetical, being directed against the manner of advertising these things, rather than against their sale, but as he progresses, he says, "We can have no reasonable objection to the sale of soap and tooth powder. It is only a step to porous plasters and antiseptics, and only another step to headache powders, liniments, cough syrups and cathartics," from which it is apparent he feels we are infringing on the prerogatives of the physician when we deal in such things (except soap and tooth powder), and it is very evident that the monopolistic tendencies of the day have affected even the profession of all professions, ultra conservative as it is; and I can picture the doctors in raptures over the enactment of a law which would inflict fine and imprisonment on anyone detected wearing a porous plaster not prescribed by a physician.

Of course to protect all their prerogatives, different legislation would be necessary. To prevent the illegal consumption by the public of headache powders, cough powders and cathartics, search warrants would not be practicable, but with a sufficient expenditure of grey matter on the part of our forty odd state legislators, if the public would only keep still and be docile, the country might be saved from the danger which confronts us, of taking such things on individual responsibility, and aside from the hands of those who, on account of their *professional* knowledge, are alone competent to prescribe them. Then of course the druggist would never have to look embarassed if caught by a real physician selling a plaster, for the very good reason that he would never sell any. You see it is all so very simple.

As a matter of fact, the evil of counter prescribing is much overdrawn. In the fairly conducted pharmacy, there is practically no counter prescribing, beyond the recommendation of those simple household remedies for the little minor disorders with which all mankind is affected, and has been for ages, and the diagnosis of which the people are sufficiently enlightened to form correctly themselves. The well informed physician recognizes that, while people have rent to pay, butcher, grocer and tailor bills to meet, they will not go to the physician and pay him fifty cents to $5.00 for a prescription for these little disorders. When the druggist is called upon for information in respect to these things, he does not violate any proper professional standard by giving the inquirer the result of his experience; and he is not invading the sphere of the physician. I do not maintain that the druggist cannot easily go too far, or that frequently he does not go too far, but only that this is a matter where one extreme is as untenable as the other,

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and where common sense must take the place of any inflexible rule. Physicians have no more justification for wishing to prevent pharmacists from meeting the requirements of the situation in a judicious manner than druggists have when they exhort against physicians compounding their own prescriptions when it pleases them to do so.

The druggist should not be held responsible for the immense sales of proprietary medicines, even tho sold over his counters. The sales are not appreciably dependent on the display of such preparations in drug stores, but upon the captivating nature of the advertisements, which distributed broadcast, lure the gullible public. There is but little profit in the marketing of proprietary articles, so far as the druggist is concerned, and those which have the largest sales, produce ordinarily the smallest returns. For the druggist to decline to market them, however, and to endeavor to induce those who call for them to visit a physician instead, would, in most cases, be nothing short of Quixotic and bordering also on the impertinent. The situation is one which the druggist laments as much as the physician, and while both have some share in the responsibility, the matter is for the most part entirely beyond the control of either. The druggist is, therefore, not asking the physician too much, or for more than justice, when he asks for a recognition of these facts.

The drug store, like every other institution, is undoubtedly subject to evolution, and it is quite certain that the store of to-day will not endure without change or modification for any great length of time. The metamorphosis of the next fifty years will doubtless be as great as the metamorphosis of the last fifty, very great as that has been; and it is not unlikely that as time progresses, we will have establishments devoted exclusively to prescription and analytical work; but even admitting this, it does not establish that the stores of to-day, conducted on a different basis, are defective for our day. As a matter of fact, the store may be regarded as the best type which most nearly meets all the requirements of the people and the time in which it is operated; and notwithstanding the importance of the physician in the community, and his importance to the druggist, the chief end of the druggist must be to serve the people.

The picture drawn by Dr. Benedict of the ethical pharmacy, the only one he has ever seen, and which he depicts in his solution for the evils he has observed, is certainly delightful, but I cannot accept it as a type that will survive for any length of time; nor agree that such an institution will supplant the store of to-day, for aside from the elimination of patent medicines and "business," it has little else to commend it. Think of it again: The drug store in the doctor's office building, probably with its brass buttoned hall boys, and its uniformed nurses; the drug store with its ultra professional pharmacists confined to a "comparatively

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small room;" the place supported by "about twenty physicians," and its complete stock! One can almost see the little black silk skull cap on the U. P. P.'s head. Good, pretty, nice, almost sweet, but as I have said I cannot see in this merit that will lead to its duplication thruout the world. The limitations of such a place are too narrow; it is suitable only to special locations, under exceptional conditions, and it could not afford the public the advantages they even now enjoy.

I am of the opinion the future will bring forth in each great city one or a few great establishments equipped with every apparatus and device that will contribute to the scientific compounding of prescriptions and preparations; that in these establishments will be found every drug, chemical and agent known to mankind to have medicinal properties; that the laboratories will be equipped for analytical work of a wide variety; that every ingredient of every prescription will be tested and assayed and its strength and purity determined before it is utilized; and that the staff will be specially trained and the work specialized. This opinion is based on the assumption that there will be a parallel development of the science of medicine and of hygiene and of sanitation and an elevation of the educational standard of the people. These establishments, however, if my vision is correct, will not supersede the drug stores of to-day so much as they will supplement them, taking the place only of those branches of the business as now conducted, which changing conditions will prove can best be transferred. The ordinary simple prescription will be compounded as it is now, but where it is made up of compounds, these compounds will have been prepared in the great laboratories, and all chemicals obtained from the wholesalers will have been checked by analysis in the new institution. There will be little left for the rule of thumb. Much of the manufacturing which is now done in the mystical back room will be done in the great laboratory. The assortment of chemicals and drugs kept in stores will not increase, but reliance will be placed in the complete collections of the great establishments, and economies now impossible will be brought about. These places will probably not solicit the patronage of the public, but will be dependent upon the drug stores for their maintenance, the drug stores being the intermediaries.

It may be asked, if all this transpires, what will become of the professional side of the druggists' activities, and I will say that to me it seems it is not jeopardized. The new order of things will change rather than modify his responsibilities, for he will receive many appeals which to-day never reach him. He will be required to be well posted on matters affecting sanitation, on matters relating to hygiene, to microscopy, and all in addition to the studies which now are regarded as exclusively within his sphere; for an enlightened public and enlightened schools of medicine, will expect a high order of intelligence on the part of the one with

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whom they come in contact; and the advance, as I have intimated before, will not be so much in the abrogation of existing responsibilities, as in enabling the druggist to meet new and particular requirements.

To revert to the present: I do not absolve the druggist who conducts his prescription department on an unprofessional basis; I do not condone the faults of the druggist who invades the legitimate sphere of the physician; I do not acquit the man who foists worthless nostrums on confiding customers; I do not forgive the man who offends decency in the display of certain portions of his stock, but I protest against the widely entertained assumption that because we are handling proprietary articles that our professional ability in the laboratory and the prescription counter is impaired; protest against confounding the recommendation of simple remedies for trifling complaints when solicited, with counter prescribing; protest against those who would limit our activities to the compounding of preparations designed by others; and finally I protest against those who hold us responsible for the idiosyncracies of the public in respect to advertisements, patent medicines, fountain syringes and race suicide.

MERCURY AND THE ECLECTICS.

MY DEAR DR. ROBINSON:

In reading the CRITIC AND GUIDE for January, I note the reference you make to the Eclectic School of medicine, which pleases me much, because our school as a rule has been ostracized in current literature during the past seventy-five years, unless, as seemed usually the case, when it was mentioned, a misconstruction was placed upon the efforts of our people. It is quite natural that men who purpose to be absolutely fair and just, should, therefore, make some errors of statement when they speak of some of the things that concern Eclecticism, especially in the years gone by. With these remarks I will add that the subject of Mercury is one that needs discriminative care, and this subject you have touched in your editorial, from which I abstract the following sentence:

"The eclectics, to whom at one time mercury was the incarnation of everything wicked and diabolic, are now using the salts of that metal without any compunction. They have perceived that it was the careless and excessive administration of that drug that occasionally worked havoc with the patient's constitution, and that if administered with proper precautions—a thing necessary in the administration of any drug—it is one of our most powerful therapeutic weapons."

I may say that, not alone from current impression, but from the words and acts of many good Eclectic physicians of the olden time, could such an impression arise. I have heard individuals state that they would not use mercury under any circumstances whatever, but I have always felt that this was the individual opin-

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ion of a very intense person, bred perhaps by an experience that could well have taught him to use the expression and to live up to his principles. But let this pass. The Eclectic school in medicine has always opposed the use of *harmful* medicines when others could be found equally as effective, and yet practically harmless. Their early record was a war waged against the abuse of what they considered to be one of the blots on American medicine, the inordinate use of mercury, in days gone by. They did not altogether oppose the use of mercurials, as is shown by the first edition of King's American Dispensatory, which introduced mercury into some of its preparations, but they did most energetically oppose the manner in which the American people were being slaughtered and wrecked by the abuse of this fearful drug, as it was then employed. Professor King used the expression thirty years ago in speaking with me concerning this matter: "We do not oppose the use, but the abuse of these baneful substances and these depleting methods." This, in substance, he repeated frequently and to his very death, and Dr. King and I were very close together.

Another physician conspicuous in Eclectism used Mercuric Chloride, and in speaking with me on the subject said: "One tenth of a grain of Calomel administered every half hour or every hour will accomplish all that is accomplished by the dosage at the present day, but it needs be watched, even then, else harm may follow."

Need I add that this is now the established method of using Calomel, with the majority of thoughtful physicians of the regular school?

Let me ask you to take kindly what I have written, and let me suggest that in connection with this subject you read the editorial of Professor Felter in the January, 1905, *Gleaner*, entitled, "Eclectism and Mercury," which, taken in connection with the gleaning that bred it. the excellent article of Dr. Morrow, will indicate that the experience of liberality and fairness that has, in my opinion, always pervaded Eclectism, is still a part of our work. In this connection I wish to express to you my best wishes, and to add that if at any time I should have reason to write you as I have in this instance, I hope what I may say will be taken in the same kind spirit this letter is indited. With regards and best wishes, I am

Sincerely yours,
JOHN URI LLOYD.

STYPTOL.

Dr. B. R. Styptol's chemically cotarnine phthalate. It is used as a uterine hemostatic, and according to Dr. Katz it is superior to the cotarnine hydrochlorate or stypticin.

The old lady, Medicine, can hardly be recognized any more, so young and healthy has she become under the influence of the youthful spring of the natural sciences.—*Helmholtz.*

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EXPECTANT TREATMENT.

By A. Jacobi, M. D., LL. D., of New York.

When fifty years ago I graduated in medicine, Samuel Hahnemann had been dead only eight years. His principal influence on therapeutics was not attained by his rejection of blood-letting, or by his *similia similibus* theory, but by his potential dosing, by which he pretended to prove that a drug would exhibit its remedial power only when no trace of it could even be found in the medicine a patient was furnished. In this way it was demonstrated, not so much by him as in spite of him, that the sick might recover without medicine. At the same time, based upon the brilliant achievements of Broussais and the whole French medicine of the first forty years of this century, the Vienna School, under Rokitansky, confined its research and its teaching to pathologic anatomy and diagnosis. For in the opinion of Rokitansky, medical science was limited to dead-house studies, and the greatest Vienna clinican, Skoda, pronounced the axiom that a disease could be diagnosticated, defined, and comprehended, but there were no means to cure it. At the same time, to give a single instance only, Dietl treated 750 patients suffering from pneumonia without venesection and drugs, with a mortality of only 69, that is, less than 10 per cent., and thereby proved that the alleged results of what was called homeopathy in those times were fallacies. He also confirmed the existence of what Hippocrates and hundreds of his followers knew as *vis medicatrix naturae;* that is, the inherent tendency of many diseases, when not interfered with, to terminate in recovery. Even Wunderlich, of Leipzig, in his first period proclaimed that medicine should be science but not art. All this was proclaimed in spite of the teachings of one of the members of the Vienna circle, Hebra, who demonstrated daily that many local diseases hitherto considered incurable, could be cured by, and absolutely required, local treatment.

That nihilism was based on the harm which was constantly done by the polypharmacy of former practices, and the nastiness of their theriacs and other compounds, and partly on the lack of knowledge of reliable medicines and of their action. No nihilism, however, could after a while withstand the growing influence of pharmacology and of systematic experimentation; but what has been called expectancy has taken its place. Expectancy and expectant treatment mean, if anything, the method of observing the course of an illness and the indications for treatment, with the express understanding that treatment with drugs should be avoided except under the most urgent necessity recognizable even to the average observer.

Editor's Note. Dr. Jacobi's paper on Expectant Treatment contains so many important truths, that I think I am conferring a favor upon my readers in reprinting it. For some reason or other the paper did not get the attention it deserved when it first appeared, some three years ago.

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The somewhat fragmentary remarks I shall make are written for the purpose of justifying treatment, and particularly medicinal treatment, to a greater extent than writers appear anxious to permit—to no greater extent, however, than far-sighted practitioners justify by their practice. What I shall have to say I want to be understood as a plea for timely and energetic medication and for the suppression of the very term of expectancy as needless and misleading.

Expectancy in treatment has its well-defined causes:

(1) Reliance on Nature. By all means rely on her, but do not forget that you and your tools and your remedies are also part of Nature. The reliance on the power of Nature in contradistinction to the effort of man's doing, is one of the axioms due to a trinity of modesty, ignorance and laziness. *Natura sanat, medicus curat* is on everybody's lips, medical man's and layman's, the latter's mainly when in health he snubs and ridicules the doctor, while he sends for him in hot haste when falling sick. What the doctor is credited with, perhaps, is that he takes care of the patient, and sees to it that Nature may perform its work.

Before a Philadelphia audience, some years ago, the same subject was discussed; a few notes of what was there submitted may be admitted here. Here is an example: "Nature was kind enough to so reduce hemoglobin as to give you an opportunity to render a girl a service by feeding her on iron. Nature saves her by kindly giving her a stomach and a viscera and lymph apparatus to digest your iron; that is why it is not you that has anything to do with her recovery. Oh, no. But then, there are other cases of chlorosis where Nature supinely furnished congenitally small arteries and an incurable chlorosis. Most complacently Nature looks on; man, however—that is you—is blamed for not making progress against impossibilities. You think you heal a man poisoned by plasmodia by giving him quinine, arsenic, or ergot; again a mistake, for it is Nature that raises cinchona trees and furnishes digestion; maybe quite often for that reason Nature is credited with the good result, and the patient feels justified in not paying the doctor either thanks or debts. You think you save a man by cutting down on an appendicitis or a liver abscess. Far from it you are only the scavenger, but Nature forms exudations and adhesions. You keep skin and table and tools aseptic, and think you did a praiseworthy thing in the way of prevention. What of it? Nature permitted man to invent soap and sublimate and created a healthy cell proliferation. You find a man in the gutter with a sunstroke, kindly donated by maternal Nature; you work over him for hours with ice and stimulants and friction; no thanks to you, it is 'Nature' that empties his cerebral blood-vessels, eliminates toxins, and restores him. You are expected to and believe you heal a fracture; that is what you cannot do, Nature does it. Can you

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make new cells? Can you form callus? What you can accomplish is to adapt the ends of the bones and to appear as defendant in a suit for malpractice." You say all this is farcical? So it is, but the absurdity is not mine. If there be anything insipid in man's so-called reasoning, it is this unmeaning fighting about words, this wiseacre talk about the relations of "Nature" and doctor.

Nature does not kill and does not cure. If there were consciousness in her she would feel indifferent about what she is, viz., mere evolution. With her sunshine she grows harvests and sunstrokes; her moonshine favors lovers and burglars alike; her rain feeds men and drowns them; her wind fertilizes trees and destroys the abodes of a thousand people. Nature is a Mauser bullet; stand in its way and it hits you, dodge and you are saved. It makes no difference to Nature.

In Nature a diphtheria bacillus has its democratic rights and democratic duties like George Washington—that is why it could kill him. She has no predilections and no reasoning; she is simply cause and effect. That is why she can be guided and misguided by you, by engineers; and why the logical mind or the whim of man and the logical necessities of Nature are engaged in a constant strife for superiority. In matters of health and life the medical *homo sapiens* utilizes or combats the doings of Nature. By caring he cures.

Unfortunately, or fortunately, curing—*"curare"*—has long lost its literal meaning. Curing is healing.

(2) The practitioner has no clear indications, and resorts to expectant treatment, which is merely no treatment, but an idle looking on, because of his insufficient diagnosis and prognosis.

Ignorance makes cowards. The nature of a disease is learned, besides its symptomatology, by its pathologic anatomy, in the same way that physiology must be founded on gross and histologic anatomy.

Unless the practitioner is a good diagnostician and observer—for no accurate prognosis is possible without a large number of close observations of the full course of morbid processes—he will never be a good and reliable therapeutist.

If a man be ignorant and careful and keeps his hands off, he will never do wilful harm to his patient and will let him get well or die undisturbed. But not knowing why and how, he will never benefit him.

Unfortunately for us, most ignorant men are not modest nor cautious; unfortunately, also, most of our work is brain work; those without brains, therefore, should not be among us. That is why neither our calculations nor our results can be catisfactory always. Those of us who work with hands and brains equally, or with hands preferably; that is, the operative surgeons—are better off. Their aim is simple, their disease local, their treat-

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ment direct, even their diagnosis is confirmed or refuted by their autopsy on the living, and their medicine simple and effective. Iron in their hands is a different weapon from that on which we read tracts and books innumerable without being sure that we understand its action.

(3) The physician is not sure of the action of his medicines; not even specifics, such as quinine, salicylic acid, antisyphilitics, and antitoxins are absolutely certain in their effects. Even emetics and purgatives act differently in different persons; so do narcotics in the mentally sound, particularly, however, in those unsound. Cardiac tonics and stimulants exhibit the same difficulties; their doses cannot be determined by ages or by body weights; the young require very much greater relative doses. Likewise, in the hands of the very best observers, large numbers of cases and observations are required for trustworthy results, and the published records of observers of unequal acumen or experience are far from being reliable guides in different seasons, localities and climates. Not infrequently the difficulties are increased by the condition of the drugs; digitalis, pomegranite, ergot, pilocarpus, are of unequal value in different countries, and are changed by age or manipulation. Tinctures and solid extracts of many herbs change their nature and activity. Adulterations are frequent. That is why the raw material and many preparations of many herbs are unreliable. Even simple bodies like milk-sugar are adulterated, and are far from serving the purposes they are used for. . .

Let me give you a few instances only, of expectant treatment of my own. I want to prove the undefined nature of the boundary line of what may be taken for justifiable delay, but is irresolute ignorance, or cowardice.

It was forty years ago—I kept the notes of the case—that a young man complained to me of pain and swelling in his right side above the liver. He was treated expectantly, in the hope that if an abscess would form it would point externally. Nothing was done. One day the abscess broke into the pleural cavity. My patient died, but his case is one of those that, after nearly half a century, turns up in an occasional sleepless night.

It is not the only one of its kind; nor shall I ever be less disturbed by another piece of expectant treatment.

Forty-six years ago I was at least as young, ignorant, irresolute, and helpless as to-day. There was a woman—I know her face to-day, for I have seen it a thousand times since—who died in her first confinement; so did her child, because I killed time and opportunities by bothering with the forceps while I should have saved two lives by Cæsarean section.

[We fully agree with the venerable author in his arraignment of expectant treatment, which is frequently but a synonym of laziness or irresoluteness. But there is, of course, another

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view to be taken of this matter. For every case lost by "expectant" treatment there are probably two or more cases spoiled by over-zealous meddlesomeness. To wait or to act—that is the oft-repeated question in medicine. Unfortunately, no text-book and no paper can give us a dogmatic answer.—EDITOR.]

Having laid myself open to your criticisms, I am egotistic enough now to speak of the expectant mistakes you are making, or many of you, or a very few of you.

What someone here present may be doing constantly is as follows:

A snoring mouth-breather is treated expectantly—that is, not at all. No regular nasal irrigations are made that most infants and children should be subjected to—indeed, it is of more importance to wash the dirty little nose inside than outside. Big adenoids are not removed, large tonsils are not resected.

What you by your "expectant treatment" cause and are responsible for is, at least, insufficient aeration, pallor, defective development of the chest, and chronic indigestion with its life-long results, as also the constant danger of coccus or bacillus invasions. Microbes may be counted by the millions and rendered harmless when merely deposited on the mucous membranes of either nose or pharynx, as long as the epithelia are in a healthy condition; but the undisturbed presence of catarrh, adenoids or chronic pharyngitis, which invite or facilitate microbic invasion, is a direct *causa proxima* for tuberculosis, diphtheria, rheumatism, and meningitis.

Suppose you saw a child in a clean, healthy house and family, with slight pharyngitis, perhaps only on one side. You know that when a pharyngitis is found on one side exclusively that can be the result only, either of a local infection or a trauma. You know that; the parents and children do not. Still the child appears to be well, with little or no rise of temperature. The doctor is apt to say that he hopes it is nothing, and as that fully agrees with the hopes of the mother, the latter authority thinks well of the doctor because he is of her own so-called thinking. Twelve or twenty-four later he is told that there are white spots in the throat, and soon he knows that he has lost the same number of hours. Though the case may not be one of bacillus diphtheriæ, which you cannot learn until six or ten more hours have passed by, but of the coccus variety, the latter, though benevolently neglected by our conservative boards of health, are infectious and contagious and quite often the source of great danger.

Instead of giving an otherwise innocent dose of ½ or 1 milligram of corrosive sublimate in a teaspoonful of water every hour or half hour, and preventing the full development of the microbic intoxication, you prefer to make no diagnosis, to approve of a mother's prognosis, and to show your respect to Nature by Micawberic indifference called "expectant" treatment.

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In every attack of diphtheria apparently mild or severe, you have to expect or to fear heart failure—the result of toxins causing parenchymatous degeneration of the muscle; you know it may come, aye, it will come. You treat the baby as if that would never happen. Every death that will occur, unless you have given ample doses, large doses, of an alcoholic beverage—first quality—no fusel oil whiskey, which is a depressing poison—should be laid at your door and attributed to your "expectant treatment."

Why do your cases of pneumonia prove fatal? Some of them—a few only—perish from the paralyzing influence of the infection, many of the accompanying or complicating nephritis, most from heart failure. If the latter be controllable, the responsibility is ours. We know a lobar pneumonia will seldom terminate its exudative period in a few days, usually in six or seven the duration of a lobular pneumonia cannot be calculated or estimated, and though it does not kill the first day or two, its mortality is greater.

In both we know that from day to day inanition must grow, the heart becomes feebler, failure be more imminent, and death more sure. Expectant treatment waits until these symptoms, which you are sure are preparing, really come along. When your enemy is inside, you try to close the door behind him and begin your race with death when it is too late. Then, when there is no longer a circulation, you hope in vain for the absorption of your stimulants, either in the stomach or the rectum or the subcutaneous tissue—strychnine, ether, camphor, hot injections, whiskey—in vain.

The post-mortem verdicts may vary—I know of what I speak. "The doctors did everything they could." "When they saw the baby was dying they stood by us to the last." "We called a consultant, who knew no more than the rest, for, indeed, the darling died almost as soon as he came."

The facts of the case are these: That many a case of pneumonia dies in spite of your best directed efforts, but many more of your expectancy. You have no right to expect your case to proceed differently from or better than others. From day to day the heart must and will lose strength; *when* this persistent loss will terminate, you do not know; it is your duty to prevent what, without your interference, will certainly happen. Begin your stimulation (which at first should not be alcoholic) coupled with judicious feeding and care of the digestion, at an early period of the illness ,and do not forget one—shall I say *the*?—principal object in view.

Listen, if you please. To have died is no calamity to the dead; mourning for the dead may be an easy matter for many; to many, however, that remain behind, it is a canker that grows in their hearts forever. Still, the greatest calamity of all is long

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invalidism; much of this may be avoided by attending to the heart at once. Those of us who for the last fifteen or twenty years have followed the studies connected with the myocardium, are aware of the many dangers, shortening or embittering existence, that are wrought by pathologic changes of the heart muscle, formerly not noticed or not appreciated.

Permit me to quote a few lines from a former paper*: "Should medication begin when collapse is setting in, or has occurred? This systematic procrastination is parallel to giving nourishment when inanition is complete, and not before. When the donkey of the gospel disappears in a ditch on Sunday, make haste to pull him out on Monday. Allow the child to drown in your well, and be sure to cover it up—the well, I mean—on the day of the funeral. Build earthworks quickly when the enemy in in your camp. That is the same theory and practice according to which antitoxin is injected on the fifth day instead of the first, alcohol is refused in sepsis, digitalis in full doses in dilation and weakening of the heart, ice and opium in peritonitis, morphine in alcoholic delirium, or venesection in acute overdistention of the right ventricle."

Extend your consistency in a mistaken course of acting, or, rather, abstaining from action, and you are no longer within the domain of art based on science, but approach the dangerous border line of the Christian Science criminality.

To those measures which are required to cover vital indications, I do not even allude. I do not choose to suppose that the attempts at saving life in accidents could ever be omitted. To that class, like the cutting of the rope around the neck of a suspended person, belong tracheotomy, or intubation in cases of suffocation from internal causes; artificial respiration by mechanical means and electrization of the phrenic nerve, transfusions, and salt-water infusions; also the administration of antidotes to poisons, also the subcutaneous dosing with stimulants.

Next in order are operations which should be understood and practised by every practitioner; besides tracheotomy and intubation, paracentesis in all cases of pleural, abdominal, cerebrospinal, and intradural effusions; herniotomy and operations for the relief of immediate dangers occasioned by osteomvelitis and neoplasms. In all of such cases the indication may be so urgent that the question is no longer one of the treatment of a disease, but the immediate saving of an endangered life.

There are other indications almost equally urgent. Prevent chronicity and sequels of a disease by timely interference, and by shortening its course. Though whooping-cough is a self-limited disease, it should be mitigated or cut short, for every day of its

*) Phila. Med. Jour., Dec. 17, 1898.

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duration brings with it the possibility of hemorrhage, bronchopneumonia, and possibly of tuberculosis.

Avoid amyloid degeneration by attending to abscesses and necroses; the relapses of malarial fevers by giving quinine after the disappearance of the attacks, for a month or two in lengthening intervals. Wherever rheumatic polyarthritis has once existed, with or without endocarditis, see to it that your patient may never be without doses of salicylates on hand, which are to be taken as soon as the slightest pain will have reappeared. By resorting to such measures you will have ample reason to rejoice over many cardiac diseases avoided and deaths averted. Take advantage of the quiescence of the appendix and save the person's life by means of an operation, the time for which you can select, and the prognosis of which, when thus performed, is almost certain to be of the best instead of standing expectantly by and looking forward to an acute attack that will take him off, operation or no operation.

I am aware that I have not given you anything new, no new clue to diagnosis, no new microbe, no new drug. But I thought I might lay before the young men among you some of the lessons a long life taught me and impressed upon me. During these fifty years there were few days in which I was not called upon either to cure or to prevent, the performance of which duties is frequently invisible and as unpretentious as it may be made useful.

These lessons are not exclusively my own. They were conveyed by and compared with what I could learn from old and young. In my contact with the former I learned what to do and not to do; the latter have often impressed me with their enthusiasm and incited mutual criticism. As I was ever of the opinion that I had a right to claim as much youth and ignorance as they cheerfully displayed, I was always ready to be taught and corrected, and could afford to do so because I need not give up the direction given my life by the compass controlling modern medicine. The impetus which gave medicine its biologic character dates from the first of my medical studies. That character appeared at first to lead our path away from the goal of all medicine; viz., the prevention and cure of disease, and improvement of the mental and physical condition of man and mankind; but soon proved the correctness of Benjamin Franklin's saying that no science was good for anything unless proved beneficent to mankind. In that sense every progress in the science of medicine contributed to the art of healing and aided in helping to create the era of therapy in which we now live. To benefit a few among you whose professional career may not yet have attained or firmly planted its aim or ideal, I wrote these few pages both as a review and as a platform. That platform should be:

In order to obtain indications for treatment, make a diagnosis. That art is becoming both more accessible and, through honest

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and hard work, more easy with the aid of modern methods. Remember that most diseases have, indeed, a tendency to spontaneous recovery, but also that recovery is not always complete and that invalidism should not be invited through neglect of treatment. Complications are possible as long as an illness lasts, and with every day cut short, the dangers of an otherwise typical disease are diminished.

The experience of old men in the profession who claim they employ less drugs with advancing years, means sometimes either an inability to master new methods of diagnosis, or the knowledge of new remedies. There is no one treatment for a disease adapted to every patient. There is no such thing as a uniform treatment for pneumonia, or for typhoid fever, or, even in spite of antitoxins, for diphtheria or tetanus. We should not try to treat the name of an illness, but the patient.

DOES IT PAY?

Dr. Christian Johnson writes as follows in the *Iowa Medical Journal*: "I reported a case of suspected specific infection, where there had been six premature labors and one living child at full term after continuous iodide of potassium treatment of the mother during pregnancy. The child, a nine pound girl, was at birth apparently healthy. For ten weeks she took nourishment well and grew in proper proportion with her age. Then she was suddenly taken ill with fever. At the same time a rash—brown colored spots—broke out on her limbs and arms, a plain evidence of specific infection, and simultaneously she lost the power of both arms. A true picture of acute anterior poliomyelitis. The fever lasted only two days; the rash is disappearing under vigorous mercurial treatment, but her arms show but a slight improvement, after six weeks' treatment.

It was a great satisfaction to me to think myself instrumental in saving this baby, as it was the only living born child of seven, but now it is a question in my mind if it did pay. It is a singular fact that out of a little over 400 cases of confinements during fifteen years of practice, I never had experienced the unpleasantness of specific infection in a child until eight months ago, and since that time it has been my fortune to have had three. One of these passed from my observation fourteen days after its birth, but was then doing well; the other two are living, responding very readily to mercurial treatment, so far as the rash is concerned, and they seem to grow like other children.

"But what is the chance for such unfortunate infants in the future? Will they ever become useful citizens, burdened as they are with such a dreadful inheritance? Is the fight worth while? Does it pay?"—[No, we do not think it does. W. J. R.]

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(Written for the CRITIC & GUIDE).

THE CARELESSLY-WRITTEN PRESCRIPTION AND THE MISERY IT BRINGS TO THE DRUGGIST AND PATIENT.

By L. Buckle, Ph.G., M.D., New York.

Very few physicians ever realize the misery they bring to the druggist, and, indirectly, to the patient by sending out a carelessly-written prescription. It is only the druggist, the man who daily compounds prescriptions, and has occasionally to struggle with the deciphering of these hieroglyphics, who feels the torture of it all.

Of the great number of carelessly-written prescriptions which came under my observation, many were only slightly difficult to read, some very difficult, and a few utterly illegible. The difficulty may center in the vehicle, base, auxiliary, corrective, or even in the signature. When such a prescription reaches the drug store, particularly when there is a "hurry up" attached to it, then alas, for the poor druggist! He has my hearty sympathy. He gets hold of the prescription, retreats into the laboratory and, there, behind the prescription counter, his place of refuge, his altar, where all his woe and sorrow, disappointment and grief, are laid open; where he contemplates and plans; where the empty mortar often pitifully shrieks under the smarting blows of the pestle administered merely to make the customer believe the prescription is being prepared, while the boy is sent thru the back-door to get some chemical from a neighboring drug store—there he eagerly begins to study it.

Our good-natured druggist, who, just a moment ago, had his form erect, his head high, and carried a good, broad smile on his lips, now, all of a sudden, becomes serious, the smile dying away; his expression changes, and he looks disappointed. He studies the prescription from all sides. He looks at it straight, he holds it diagonally, he keeps it from the light and to the light, and in all directions imaginable; he uses a magnifying glass, strains his eyes, almost grinds his teeth, makes grimaces, frowns, sighs, and murmurs . . . He is now agitated, angry and displeased. He throws the prescription on the counter, almost in despair; but he does not give it up. He looks into space for a moment, wipes the sweat of his brow, gathers up all his energy and, once more, picks up the prescription to further study it. He asks himself is this a L, S, T or P? and tries hard to bring before his memory the different Galenical preparations, patent medicines and chemicals which begin with this or that letter. He consults the pharmacopeia, dispensatory, Remington, Coblentz and, even looks up the new chemicals and pharmaceutical preparations. But this is not all. Many times the prescription is so hopelessly illegible that, even persevering along these lines, is not sufficient to clear up the mystery surrounding it; and the druggist is still further bound to bother himself and go to the expense of telephoning to the doc-

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tor for information. But, even here, his trouble does not always end. The doctor may not, as frequently happens, be in the office and information cannot come even thru this channel. When such is the case, then things become almost unbearable. Usually, however, the considerable skill and experience of the druggist in reading prescriptions, together with his unrelaxed perseverance, quite suffice to put him on the right track.

Let us now turn for a moment to the patient and see what harm a carelessly-written prescription can do him. Suppose a physician is hastily summoned to relieve great dyspnea and cyanosis, check a profuse pulmonary hemorrhage, stop violent convulsions, etc., and he writes a prescription which is very difficult of being deciphered, and, consequently, its compounding is very much delayed, does he not defeat his own intention and cause, perhaps, untold harm to his patient? And, it is mostly in these emergency cases where the physician is so much in a hurry and so very anxious to have the medicine at once that the majority of the carelessly-written prescriptions are begotten. The damage to the patient, therefore, is much more serious than one would imagine at first glance.

In view of these facts, it seems to me, that there is ample justification for taking up this subject for discussion. The average physician never reflects on the possibility of a prescription ever being a source of extreme trial to the druggist, a cause or considerable delay in compounding and indirectly, in some cases, at least, ever adding to the agony and misery of the patient, but, on the contrary, he expects the druggist to be his controler, to correct his mistakes and to be able to read, at a glance, any kind of scribble. If he writes liquor so that it looks like tincture, syrup, or any thing else; if his dram sign is so carelessly put down that it resembles that of the ounce; if his abbreviation of some unpopular patent medicine or new chemical is such that no one but himself can guess what it means; the physician, all the same, expects the druggist to put up the medicine in a hurry to meet the urgency of the case.

This usual, but rather erroneous, idea of the skill and function of the druggist is, by itself, largely responsible for a great number of carelessly-written prescriptions. We should remember that, while the druggist *does* control the prescription, and, very often, saves the doctor from trouble by calling his attention to some important incompatibility or error in dose, he should *not* be expected to be able to read hieroglyphics without having made a special study of that branch of ancient philology.

I know that there are some doctors who argue that at the bedside, particularly if the case is of considerable gravity, where so much thought and care have to be given to the diagnosis, prognosis and proper management of it, it is impossible to always bear in mind the proper writing of the prescription. But, the difference between the carefully and carelessly written prescription,

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as far as time is concerned, is so infinitesimal that we can hardly justify illegible scribbling under any circumstances. Much more could be said to bring out the moral of the foregoing more strikingly, but *verbum sat sapienti.*

BETA EUCAINE-ADRENALIN ANESTHESIA.

Prof. Arthur E. Barker publishes a second paper on beta-eucaine and adrenalin in infiltration anesthesia. The technique is that previously described; but he has modified his solution to the following: Distilled water, 3½ ozs.; beta-eucaine, 3 gr; sodium chloride, 12 gr.; 1:1000 adrenalin solution, 10 minims. The whole quantity can be used in an ordinary case, if necessary, and is quite sufficient for most cases, but he has often injected twice as much when large areas had to be dealt with, and never saw ill results from 6 grains beta-eucaine and 20 minims adrenalin. The sodium chloride renders the solution isotonic with the blood, preventing pain from the injection. The adrenalin enhances the duration of the anesthesia; eucaine alone anesthetizes only for about 15 minutes, while the combination produces an anesthesia lasting three or four hours. But it is more slowly produced when adrenalin is also used; and it is therefore well to wait some thirty minutes after injection before all larger operations, to allow insensibility to develop fully.—(*Brit. Med. Jour.*, Dec. 2, 1904).

HATPIN IN CHILD'S STOMACH.

Arthur F. Holding, of New York, reports (*Annals of Surgery*, Sept. 1904) the case of a child twenty months old upon which a gastrotomy was successfully done for the removal of a hat pin which it had swallowed fifteen days before. The head of the pin rested in the stomach and the point in the esophagus. There were symptoms of mild broncho-pneumonia for three days after the accident. The right arm was noted to be colder than the left after nine days and this symptom persisted until the pin was removed. Aside from the above exceptions the child was well and made no complaint unless its body was flexed, and it refused to stoop voluntarily. The X-ray picture showed the location of the pin accurately. The child recovered promptly.

Dear Dr. Robinson: Here is wishing you a long life, together with The Critic and Guide. I have read it through (the last copy) without a pause, and it seemed I was enjoying a mental breeze like a fellow would enjoy a cool breeze on a hot day. Don't forget to let me know when my subscription runs out, as I wish to receive your vibrations regularly. Sincerely, C. F. Lehnkering, M. D., Darlington, Wis.

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PROSTITUTION.

By Woods Hutchinson M.D.

The vital questions of the problem are two in number; first, what class and character of men and women are affected by this institution? and, second, in what are they affected? First, as to the women: The almost unanimous testimony of the replies received, as well as of the figures of Du Chatlet in Paris, (*a*) that ninety per cent. of prostitutes are drawn from the lowest and most ignorant class of the population; (*b*) that they are led to this life by the desire for luxury, display and idleness, a purely trade-instinct in fact, and *not* by strong sexual impulses, want, or seduction and desertion; (*c*) that their average life-time after entering this career is 9.5 years; (*d*) that during this period they are practically sterile; (*e*) that very few of them permanently reform, and those who do are extremely infertile. Now as to the men. Unlike the women they are drawn from no single class, condition, or age in the community, but from all alike. They are drawn into the vortex by an instinct, it is true, but not a *natural* one—a *perverted* one. It is astonishing how little "passion" there is in the trade on either side. So far from the "hot blood of youth" being chiefly responsible, houses of ill-repute derive two-thirds of their income from married men over forty. In fact, the essential *"Leit motif"* of the practice is not the sexual impulse pure and simple, but the desire to indulge that impulse *and escape* its natural and legitimate consequences, conception. And in this respect women are just as much to blame as men. Many a man is driven to the brothel by his own wife. Three sources chiefly feed the reeking stream of prostitution, two of which are best characterized in the phrases, "can't afford to marry," and "don't want to be bothered with children," and the last and chiefest is limiting unduly the size of families. This is the civilized successor of infanticide, and like it, is the racial "sin against the Holy Ghost, which shall not be forgiven."

How are the supporters of this "institution" affected by it? The general impression is, especially in respect to the women, that they are rapidly killed by venereal disease and sexual excess, but upon gathering reliable facts we find the actual mortality from either of these causes decidedly low. Brain-syphilis and locomotor ataxia among the men, and gonorrheal peritonitis among the women, are almost the only actual fatal forms of venereal disease, and when we come to examine the "bogey" of "sexual excess" we are simply astonished to find how few permanently injurious results of any sort are produced by it. What, then, does shorten the life of the prostitute? My replies were absolutely unanimous upon this point and surprised me greatly. *Every* observer gives *alcohol* the first place, morphine, chloral, and venereal disease come almost together as bad seconds, suicide is fourth, and irregular hours and exposure next. Thus alcohol

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is found here, as elsewhere, one of the best friends of civilization. It is worth all the police systems and "missions" ever invented for the elimination of the criminal.

But altho this vice has so comparatively little direct effect upon the life chances of its patrons, it affects them all with great force and certainty in another respect. It is the most efficient sterilizer. The prostitute, of course, for obvious reasons, seldom bears children during her "active" life, and usually becomes sterile sooner or later by endometritis or salpingitis, before alcohol or premature old age claims her. She seldom "reforms" (thank Heaven), and if she does, bears few children.

Now as to the man. Supposing he is infected with syphilis, what results? Under any circumstances or any treatment he is absolutely sterile for from two to seven years, either by abstinence or by the infection of whatever woman may be unfortunate enough to be his wife, during that time. Abortion after abortion occurs until viable children are born, but even then——! Tarnier declares that eighty-five per cent. of syphilitic children die before the sixth month. As to gonorrhea, the revolution in professional opinion in this regard is simply startling. No longer regarded as a mere trifle, its effects are found to be appallingly widespread. Orchitis on the one hand and pyosalpinx on the other spring up in swarms in its wake like veritable dragon's brood. The despairing cry goes up, "It is doubtful whether gonorrhea is ever cured!" Here, again, justice may move with a leaden foot, but she strikes with an iron hand." That insignificant little infection gonorrhea, "of no more importance than a cold in the head," is found to be followed by a Nemesis of infirmity which is simply appalling.

To sum up, then, from the female side of this institution, our conclusion would be that it is concerned principally with the most worthless variety of women, the degenerates or criminals, and the idle, the mercenary, and shameless of the lower classes: in short, women whom the community can well afford to spare. That these women, when fairly in its grasp, are practically prevented from propagating their kind during their career, and rapidly destroyed if they remain in it. That very few marry, and those who do so are barren in a high degree; in short, it is an eliminative agency of high value and wonderful efficiency for first rendering sterile and then rapidly destroying the worst specimens of the sex—women whose "reform" and child-bearing would be a curse to the community. No need to spay the prostitute or castrate the criminal; they'll do it themselves if they are just given a little time.

To say that prostitution involves fearful and widespread suffering to innocent women and children would be as true as it is pitiable and harrowing, but "a companion of fools shall be destroyed" is no vengeful threat, but a simple statement of a stern,

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necessary law, of highest value to the race. The only way to check its ravages is to reduce to the lowest possible limit the class upon which it is sure (and ought) to act. And the only agency of any value in this work is education, *education,* EDUCATION! Legislation is useless, "regulation" worse still. Awake society to the fact that the rake does *not* make the best husband, especially awake the "managing mammas," who are for the most part either shamefully ignorant and determined to keep their charges so, or as conscienceless, in these matters, as the slave-dealers of the Soudan.

Above and beyond all we should foster, glorify, deify, if necessary, the one instinct in man's bosom which can master the sexual, the highest, the holiest, the strongest of which he is capable—his love to the one woman who is, or is to be, all the world to him. Once touch this spring, and he is safe. Well may all of clearest and deepest vision among us, the poets, never weary of singing its praise. The age of chivalry should be brought back in nobler, truer form. Lust laughs at opposition and exults in danger, but sinks ashamed at the whisper of love. Impress upon every man, not his own danger, but that of his wife that is to be, of his children yet unborn. Nay, further, make him to see that the last insult he can offer to the one for whom he would cheerfully lay down his life, is to make, in the burning words of the apostle, her "members the members of a harlot." Do this, and prostitution will disappear from the face of the earth.—*The Medical News.*

DEATHS IN BATTLE DURING THE LAST CENTURY.

The genial and learned Professor of Physiology in the Faculty of Medicine in Paris, Professor C. Richet, once wrote a novel and made a forecast of the probable condition of the world a hundred years hence. An ardent lover of peace on earth and an eloquent apostle and advocate of the doctrine of good-will among men, Professor Richet has been "looking back" over the past century and reckoning the death toll due to wars during the enlightened nineteenth century. He estimates the grand total to be about 14,000,000, made up as follows: Napoleonic wars, 8,000,000; Crimean wars, 300,000; Italian war, 300,000; American Civil war, 500,000; Franco-German war, 800,000; Russo-Turkish war, 400,000; civil wars in South America, 500,000; various colonial expeditions in India, Mexico, Tonquin, South Africa, etc., 3,000,000. If to these who died on the "stricken field" we add the number of "broken" disabled soldiers, the widows and children who suffered, we have indeed a huge budget of slaughter, a record of Christian activity, that almost makes one despair. The new century seems to have started as if it intended to maintain the record.—*British Medical Journal.*

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By Wm. J. Robinson, Ph. G., M.D.

Mercuriol. See Mercuralgam.

Mercurol. Mercury Nucleide. A combination of mercuric oxide with yeast-nuclein. One of the metallic nucleides, introduced by Dr. Karl Schwickerath. It contains 10% of mercury. Light brownish powder, soluble in water, insoluble in alcohol. Used as a substitute for corrosive sublimate, being much less irritating. It is used in gonorrhea in ½ to 3% solution; in gonorrheal ophthalmia, otitis, ulcers, etc. in 5% sol. etc. Highly recommended by Winfield Ayres as a substitute for other mercurials in the treatment of syphilis. The initial dose he advises is ½ grain. Solutions of mercurol should be freshly prepared, tho the addition of 0.6% of sodium chloride makes the solution more stable.

Mercury Succinimide. This is by many considered the most eligible compound of mercury for hypodermic or intramuscular administration. The following is a good formula: Mercury succinimide 2.5, Cocaine hydrocl. 1.0, Distilled water 50.0. Of this, one c. c. is injected directly into the muscular tissue of the buttocks. Twenty four to thirty such injections, repeated daily, with an intermission every third day, are considered sufficient for the "first" treatment of syphilis.

Mesotan. Methyloxymethyl ester of salicylic acid. Occurs as a yellow liquid possessing but little odor and miscible with the usual organic solvents and with oils. It is readily absorbed by the skin: a short time after its local application salicylic acid can be detected in the urine. It is best applied mixed with an equal part of olive oil. Around the eyes and ears it should be used with caution, as it is liable to give rise to edema or an eczematous eruption.

Methacetin. Para-oxymethyl-acetanilid. An homologe of phenacetin. White powder, salty bitter taste, difficultly soluble in water, sol. in alcohol. Antiseptic, analgesic. Dose: 4 to 6 grs.

Methyl or Methylene Bichloride, Richardson. A mixture of one volume of methyl (wood) alcohol and 4 volumes of chloroform. Recommended as a substitute for chloroform in general anesthesia. No encouraging reports.

Methylene Bichloride. Methylene Chloride. Dichlormethane. CH_2Cl_2. Colorless liquid, chloroform like odor. Recommended as a local anesthetic, by spray. Do not confound this *compound* with the mixture wrongly called Methylene Bichloride or methyl bichloride Richardson. See above.

Methylene Blue (Medicinal.) Tetra-methyl-thionine hydrochlorate. A product of the aniline dyes. Dark blue crystals or powder. Sol. in water (about 50 p.) and alcohol. Antiperiodic, antineuralgic and antigonorrheal. Externally in malignant tumors and in ulcers. Dose 1 to 5 grn. in capsules; hypodermically, 1 grn. The value of methylene blue in malaria is established beyond question. By many it is considered even superior to quinine, as a specific, because some cases which do not yield to the latter, yield to methylene blue. The researches of Ivanoff of Moscow show that it exerts a direct destructive action on

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the plasmodia. Great care must be taken to make sure that a reliable brand is dispensed. Many of the disagreeable by-and after-effects, such as severe headache and strangury may in many cases be traced to an impure article. It is always advisable to prescribe it in conjunction with some nutmeg and perhaps a small dose of opium, thus: Methylene Blue gr. iss; Pulv. Myristicae gr. i—ii; Pulv. opii gr. ¼—½; Amyli, gr. iii; m.f. caps. No. 1. One or two capsules. t.i.d. The capsules of methylene blue and santal oil. etc., put on the market by various manufacturers, are also good. The patient must be notified beforehand that his urine will be of a dark green or blue color. Unnecessery fright is sure to result from a neglect of this precaution. It was at one time thought that the drug would eventually fall into disuse. This is not the case: its field of employment is constantly widening. (See Wm. J. Robinson. The Therapeutics of Methylene Blue, with especial reference to its employment in urethritis, N. Y. Med. Jour., Aug. 3, 1895).

Methyl-Theobromine. Synonym for Caffeine.

Methyl-violet. Synonym for pyoctanin blue.

Microcidin. See Sodium Beta-naphtolate.

Migrainin. A mixture of antipyrine and caffeine citrate. White crystalline powder, sol. in water and alc. Dose: 15 grs., not more than three times pro die.

Migrol. A combination of caffeine-pyrocatechinmonoacetate and guaiacetin. In migraine. Dose: 5 to 10 grains.

Musol. A nostrum recommended in diabetes. On examination it was found to consist of pure salol and nothing else. The price asked for it, tho, is 20 times as much as that of salol.

Mydrine. A combination of ephedrine and homatropine. White powder, very sol. water. Mydriatic; the dilatation of the pupil passes away rapidly. Used in 10% solution.

Mydrol. Iodo-methyl-phenyl-pyrazolon. White powder, soluble in water, insol. in alcohol, mydriatic; in 5 to 10% solutions.

Myelocene. A preparation of bone marrow, prepared by extracting the marrow with ether, evaporating the latter and mixing residue with 1 per cent chloretone for preservation. Introduced by Dr. Chalmers Watson, in the treatment of deafness of middle-ear-origin and of psoriasis. (Brit. Med. Jour. Mch. 22, '02.)

Naftalan. An ointment-like mass consisting of about 97% of a peculiar naphta, obtained in Russia, mixed with 3% of anhydrous soap which gives it its consistence. Insol. in water, alcohol or glycerin, but readily miscible with fats. Upon its introduction it was lauded to the skies as an absorbent, anodyne, vulnerary, parasiticide, etc. These claims have been found to be exaggerated, and it finds now but limited use.

(To be Continued)

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201.—Liver of Sulphur.....10 grains
Corrosive Sublimate..... 4 grains
Rose Water ..... 4 fl. oz.

This is a newspaper prescription, given by the newspaper doctor in reply to a request for a lotion to remove freckles. The preparation is worthless. On account of the various compounds of which sulphurated potassa consists, a number of reactions will take place. The chief reaction results in the formation of the black mercuric sulphide, which gives a black, dirty appearance to the mixture.

202.—Tr. Ferri Chlor.....3ij
Tr. Digitalis.....3j
Glycerini.....3iv
Aquæ.....q. s. ad ℥iij

On mixing the tincture of iron with the tincture of digitalis a dark mixture results. This is due to the tannic acid in the digitalis combining with the iron to form iron tannate. Otherwise the prescription is all right. It is best to mix the tincture of iron with the other ingredients, and add the tincture of digitalis at the end.

203.—Bismuthi Subnitr.....℥j
Argenti Nitratis.....a.....gr. iij
Sod. Bicarbon.....3vj
Ext. Opii.....gr. iv
Sacchari.....q. s. ad ℥iv
M. et ft. pulvis. Sig.: ℥j t. i. d.

On standing, this powder becomes blackened on account of the reduction of the silver nitrate to silver oxide and then to metallic silver. The reduction is caused by the organic ingredients in the prescription. After a while there is no silver nitrate left. If the physician insists on having the prescription put up just as written, he can have it. The silver nitrate should be first reduced to a fine powder, then carefully and slowly mixed with the bismuth subnitrate and the sodium bicarbonate; the extract of opium is to be thoroughly incorporated with the sugar, and the powders mixed. This way of compounding will give the best results. The physician is mistaken if he expects the patient to get a uniform dose of silver nitrate and extract of opium in each teaspoonful of powder.

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204.—Bism. Subnitr.....ʒj
Argenti Nitr.....gr. vj
Sod. Bicarbon.....ʒvj
Ext. Opii Aquos.....gr. iv
Syr. Aur. Cort.....ʒj
Aquæ.....q. s. ad ʒiv

The ingredients in this prescription are practically the same as in the previous one, but the reactions are different. This is due to the fact that the mixture is a liquid. The silver nitrate has here three incompatibilities: the opium, the syrup, and the sodium bicarbonate. When a solution of sodium bicarbonate is added to a solution of silver nitrate the latter is at once completely precipitated as the white silver carbonate. In time the latter is reduced, as all silver salts are. There is another possible source of trouble in this prescription; it is between the bismuth subnitrate and the sodium bicarbonate. When standing in a warm place, this mixture may explode, due to the liberation of carbon dioxide. This gas is evolved by the nitric acid, which is liberated from the subnitrate, and acts on the sodium bicarbonate. The equations are as follows:

$$\text{I.} - 2BiONO_3 + 2H_2O = BiONO_3 + Bi(OH)_3 + HNO_3.$$
$$\text{II.} - NaHCO_3 + HNO_3 = NaNO_3 + CO_2 + H_2O$$

In this prescription only about 2 dr. of the sodium bicarbonate will be dissolved; 4 dr. remain at the bottom of the bottle, together with the bismuth subnitrate and silver carbonate.

205.—Quinin, Bisulphatis.....ʒi
Amm. Carbonatis.....ʒi
Syr. Simplicis.....ʒi
Aquæ Cinnamomi.....ʒij

Attention has been called to this incompatible prescription times without number, nevertheless it seems to be a favorite with many physicians. Why physicians will prescribe the most soluble quinine salt and then precipitate it, is beyond comprehension. There is only one explanation for it: The physician is not aware that a precipitation takes place. The quinine bisulphate, being seventy times more soluble than the sulphate, dissolves easily in the prescribed quantity of water; but the ammonium corbonate (like all alkaline corbonates), causes a precipitate of alkaloidal quinine. Carbon dioxide is evolved.

(To be Continued)

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MELANGE FOR DOCTORS.

J. W. BRANDEIS, A.M., M.D.

Read some time ago that Dr. De Puy of Frinitvale, California had abandoned the practice of medicine for a literary career. Wonder if he's finished those bills yet!

Can't help wondering if men in other pursuits are as well "sampled" as is the doctor! If so, would like to exchange for a time with the cigar-man, wine-man or banker.

When a short time past Mr. Crocker, of the United States, sued Dr. Doyen, of France, for $20,000 rebate on a payment for treatment with a cancer serum, it was most surprising to see how every physician whose opinion was sought, by the daily press, was quite ready to agree that the surgeon had over-charged. Dr. Doyen's serum may not have the highest medical rating owing to the maintained secrecy of its character. But let us in no case hurry to desert a colleague who charges high because he values his services that way.

It is certainly pleasing to learn from the barteriologists that New York has a subway that is free from Streptococci, Staphylococci and Gonococci. Nor need we have any fear concerning the connection to be made with Brooklyn's projected branch.

In a paper read before the State Medical Association, Dr. Dotty expressed the opinion that only in cases of carelessness—if ever—are any of the contagious diseases disseminated by a third person. Dr. Benedict, of the New York Health Department, stated that in a score of years' experience and observation he had yet to see a well authenticated case of an inspector carrying a contagious disease home to his family.

When practice has slowed up during the summer it's fun to visit a race-track near the city, and entering the betting-ring to call out, "Say, Doctor!" In any part of the enclosure you will never fail to startle at least three or four abashed practitioners.

The cry is ever raised that every action of Napoleon's focused toward his own selfish ends. One incident might be cited to help confute this: When Marie Louise was in labor with the "King of Rome," Dubois, the accoucheur, informed Napoleon that the condition of the Queen was serious and either the mother or child might have to be sacrificed. Without a moment's hesitation he ordered the physician to direct all his efforts to saving the mother, resigning himself to the loss of the heir for the sake of having whom he had divorced a wife.

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M. D., EDITOR.

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Subscriptions must commence with January issue. If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. APRIL 1905 No. 4.

BERLIN DRUG STORES.

Alas for the old time respectable, professional German Apotheke! It is actually becoming Americanized. There was a time, and I remember it very distinctly, when the windows of the drug stores were quite bare, except for some show bottles and perhaps—a layer of dust of varying thickness. Not so now. Most windows are filled with beautiful humbugs of native and foreign production. The only difference is that here they have not yet reached the skill in window displays of our American druggists. Things are lying pell-mell, and the same display remains in the window for, oh, I don't know how long. I have seen the same display of Califig (the German name of California fig syrup) in the Kaiser Friedrich Apotheke for a month, and a medical friend told me he has seen it for at least four months. Justice, however, demands that I state that I have not yet seen displays of hair-soles for the cure of rheumatism, nor have I seen placards recommending the sale of Paine's Celery Compound or similar humbugs. But they will probably come. When a man or a profession begins to go down (or is this an upward process?) everything seems to be greased for the occasion. But there is something of greater moment than the sale and display of miscellaneous patent medicines. And that is substitution. Who would have thunk it, as Noolie says? The paragon of all virtue and respectability, the German Apotheker, is beginning to be seriously accused of that heinous crime—which many thought was an exclusively American product—namely of practicing substitu-

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tion, in both big and little things. And professors mention the matter in their lectures, and articles are appearing in the journals cautioning the profession of the necessity of keeping a watch over the druggists, and the well-known legends "Beware of substitution" and "Refuse all just-as-good products" are as familiar here as in the United States.

Sic transit gloria mundi.

SHALL PHYSICIANS SPECIFY THEIR SPECIALTIES ON THEIR SIGNS?

As is well known, practically all physicians in Germany specify on their signs the specialty they practice. Everywhere you see the big, ugly metal-enameled signs with Dr. So and So, specialist in genito-urinary and skin diseases, specialist in nervous diseases, specialist in stomach and bowel troubles, etc., etc. This does not refer to quack advertising physicians, but to physicians of the highest standing, "private docenten," professors, etc. When I told some of those gentlemen, that such a sign would in our country be considered unethical, that it would in all probability prevent the physician employing such a sign from becoming a member of a medical society, they were extremely incredulous. And when I convinced them that it was a fact, that I was not "guying" them, their astonishment was beyond description. "Das ist ja der reinste Unsinn," and then they proceeded to prove to me not only the usefulness but the necessity of such a specification to both physician and patient. It saves the patient the trouble of ringing the bells of physicians who refuse to attend to him, because it is not in their line, it saves the doctor trouble and annoyance. "Just imagine the father of a croupy child ringing wildly the bell of an ophthalmologist, then of a genito-urinary surgeon, then of a psychiatrist. In the meantime the child dies." There is, I confess, a good deal of force in this argument. Another gentleman, whose name is known from one end of the world to another, said, that that was simply "ethics gone crazy." It must be added that here in Germany medicine is more specialized than it is with us, and in the large cities there are fewer general practitioners than is the case with us. Therefore specification of specialty is perhaps more necessary than with us. But altogether many parts of our written and unwritten code of ethics, followed scrupulously by the better part of our profession, have no existence here. But more of this next time.

THE PREVENTION OF VENEREAL DISEASE.

Syphilis and gonorrhea are the two modern scourges, which are decimating and weakening mankind. They are, more than any other disease, social diseases in the true sense of the word, and all conditions which make early marriage less

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proper or convenient, tend toward the spread of those nasty and sometimes horrible diseases. We should be supremely grateful that as far as venereal disease is concerned we are much better off than old Europe, whose large cities are gonorrhealized and syphilized through and through. But still it is a good thing that our medical bodies and boards of health are waking up towards the danger of venereal infection and are starting up a campaign of education. The puritanical prudery which became pruriginous at the mention of the word "venereal" is becoming a thing of the past. No use closing our eyes to disagreeable facts while they can still be handled and be constrained to open them, when they—the facts—have already passed beyond our control.

The following statement is from a leaflet recently sent out by the Ohio State Board of Health, and it demonstrates what I said above, namely, that even our conservative medical bodies are waking up.

"It is estimated that 80 per cent. of all deaths from pelvic diseases in women are due to gonorrhea. Twenty per cent. of all blindness is due to gonorrheal infection of the newborn. Fifty per cent. of all involuntary childless mariages are caused by gonorrhea of the female organs of generation, of which 45 per cent. are due to marital infection by men. In this country it is impossible to quote statistics, as they never have been gathered. The committee of fifteen estimated that there were annually 200,000 cases in New York city alone. In Prussia, where they have more reliable data, it has been stated that typhoid fever represents a yearly loss of 8,000,000 marks, while the increased expenses and decreased income caused by venereal diseases amount to 90.000.000 marks annually—an amount which exceeds that caused by tuberculosis. But the financial loss is of minor importance compared with the enormous social changes and consequent social misery."

Yes, the latter is beyond computation.

THE BERLIN POST-GRADUATE COURSES.

Some friends asked me to state my opinion about the various courses given in such abundance here by the University professors, their assistants and private physicians with polyclinics. Here as in everything else neither wholesale praise nor wholesale condemnation is possible. Some of the courses are excellent, and cannot be surpassed, if equalled, anywhere. This is notably true of the veneral and urological courses. Many of the courses are mediocre, and some are positively worthless. I find quite a difference between now and ten years ago. The constitution of some of the professors has apparently been too weak to resist the invasion of the bacillus of commercialism.

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As a general rule—which, however, of course has exceptions—it may be stated that the courses given by the assistants and private specialists are superior to those given by the University professors. The latter consider their name alone worth the price of the course and do not take pains to give an honest quid pro quo. The smaller men go to much greater pains, and you will generally learn a good deal more from them . For the present I must confine myself to this general statement.

SHOULD FEVER BE TREATED?

In the entire domain of practical therapeutics there is no question of more momentous importance than the above. Fever or elevation of temperature is an accompaniment of by the largest number of diseases, and is it evident that an answer to the above question must have an important bearing on the treatment of most diseases.

While we now consider fever a symptom of disease, and not as a morbid entity *per se*, the case was different in days gone by. From the days of Hippocrates fever was considered the most important disease—of course, many diseases which we now recognizze as distinct entities were at that time classed under the one term fever—and all the endeavors of the physician consisted in reducing the fever, in lowering the temperature. Unfortunately that same notion still exists among the greater part of the laity, and the skill of a physician is considered by many proportionate to his ability to bring down the temperature.

Physicians practicing among the poor and ignorant complain that they are compelled to give antipyretics against their better judgment. They have got to do it or quit practicing. If a physician be called in to a case with high temperature, and, recognizing that temperature is a natural phenomenon of that disease and must not be interfered with, he should fail to prescribe anything to lower it, his services would be dispensed with, and the case would be given into the charge of a more pliable and diplomatic physician.

But should fever ever be treated, or should it always be left alone? We have said above that fever is now considered a disease symptom and not a disease *per se*, and we are therefore at once confronted with the medical aphorism: Treat the cause and not the symptom. Unfortunately, this aphorism, which sounds so well and seems so full of wisdom, is frequently utterly worthless in practice. It is valueless in practical application for two reasons: first, because we cannot always reach the original cause of disease, or, if we can, it is beyond our control; and, second—and this is an important point—a symptom of a disease may in itself, unless relieved, prove dangerous to life, or, if not directly dangerous, it may

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cause other symptoms which may prove highly detrimental or even fatal. And as a matter of fact, in practice we are constantly obliged to treat symptoms, while, of course, not neglecting the original cause if we can get at it. When we give chloroform to a patient suffering with opisthotonic convulsions we do not treat the cause of the disease; but the convulsion (a symptom), may become so dangerous as directly to destroy life, and we therefore strain all our energies towards relieving that symptom. When we perform tracheotomy or intubation on a diphtheritic child we surely do not treat the cause of the disease. We temporarily relieve the symptom which may cause death by suffocation, while we conteract the toxin of the poison by antitoxin and other means. And so with fever. Though admittedly a symptom of disease, it may in its turn cause changes more dangerous than the original *causa morbi*.

The chief result of high temperature is parenchymatous degeneration of the muscles and other organs. More than thirty years ago Ivashkevitch showed experimentally that in rabbits and dogs the heart and liver lost weight under an artificially elevated temperature, the individual elements of the tissues undergoing a more or less pronounced cloudy degeneration. Wickham Legg experimented with rabbits and guinea-pigs. He killed them by a gradual elevation of temperature, and an examination showed distinct beginnings of parenchymatous degeneration.

Liebermeister was of the distinct opinion that many of the lesions in typhoid fever, for instance, are due directly to the high temperature. He says: " . . . Here belong in the first place those disturbances of function which are directly due to the elevation of temperature, without any appreciable material changes having necessarily preceded them; and, in the next place, the parenchymatous degeneration of various organs with the functional lesions due to this degeneration. Thus, for example, the increased frequency of the heart's action is directly due to the elevation of the temperature, while the feebleness and paralysis of the heart, which occur later, are less immediately due to this cause, but are still in part dependent upon the degeneration produced by it (the temperature)."

But high fever produces not only muscular mischief. According to Liebermeister and others, it also produces degeneration of brain and nerve tissue, and this degeneration is in its turn the cause of the delirium and other disturbances of the central nervous system, which we so often see in diseases accompanied by high temperature. That these disturbances are due to a real degeneration of nervous tissue is shown by the fact that they frequently persist for a very long time after the disease has run its course and convalescence has been estab-

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lished. Whether Zenker's degeneration—a degeneration metamorphosis in which the muscular fibers lose their transverse striations and become converted into homogeneous waxy masses—is due, as Zenker thought, to high temperature alone, or to that plus other influences, is an open question. But, leaving aside all experimental evidence, which is sometimes misleading, and the *ipse dixits* of authorities, which later investigations frequently prove to be wrong, what physician has not noticed the remarkable effect of a reduction of the temperature, artificially induced, in cases of serious pyrexia and hyperpyrexia? Who has not seen a delirious, restless patient, with dry, hot skin, parched lips, dry mouth and cracked tongue, break out into a perspiration under the influence of an antipyretic drug or measure; become quiet, and fall into a peaceful slumber, from which he awakes much strengthened and refreshed, the disease thenceforward pursuing a milder course? To resume, the following statements are justified:

(1) Fever, or elevation of temperature, is a symptom of disease, and not a disease *per se*.

(2) Though but a symptom, it may, after reaching a certain degree, produce in its turn great functional disturbances or even organic changes, and thus prove directly or indirectly the cause of death or of great permanent physical and mental injury.

(3) When the pyrexia is of a mild character—say, between 100° and 102° F.—it should generally be let alone.

(4) A temperature between 103° and 105° F. should generally *always*, be treated—treated watchfully, carefully, but energetically.

(5) Antipyresis may not only obviate the bad results due directly to the fever, but it may have a good effect on the course of the original disease.

As to how fever should be treated—whether by hydrotherapy, coal-tar antipyretics, refrigerants or cardiac depressants—that, as Rudyard Kipling says, is another story.

ANOTHER NEW HYPNOTIC.

The latest hypnotic is viferral, a polymeric form of chloral. It is claimed to be free from the caustic properties of chloral and not to irritate the gastric mucous membrane. It is a white powder, very slowly soluble in cold water, and completely soluble in hot water. The minimum dose for adults is 12 to 15 grs., but may be increased to 30 grs.—(Therap. Monatshefte, March, 1905.)

FOR OBSTINATE CHRONIC LEG-ULCERS.

Silver nitrate 5 grs., Balsam of Peru 1½ drams, simple ointment 3 ozs. To be applied on gauze or linen.—An old formula, not strictly compatibble, but does good service.

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THE PREVENTION OF THE SPREAD OF VENEREAL DISEASE.

By M. Hugh Foster, A.M., M.D.
U S. Public Health and Marine Hospital Service.

Before considering the practicability of endeavoring to prevent the spread of venereal disease by legislative means, it may be well to discuss the point in ethics involved as to whether the violator of the moral code should be protected from the frequently inevitable results of his transgression. No one for a moment doubts the propriety or questions the duty of the medical man to relieve as promptly as possible the sufferings of a patient with venereal disease who applies for treatment, and if it is proper to shorten or mitigate the course of his affliction, however obtained, it is just as proper to prevent it in the first place if it is possible to do so. The rain from Heaven falls alike on the just and the unjust, and it is from a sanitary standpoint as much our duty to protect and relieve the wicked as the righteous. Moreover, the offender is not the only one to suffer, and his future wife and innocent posterity must be considered. The heat of passion burns hotly in youth long before self-control and denial have been developed to their fullest power, and during this period of illy balanced desires and strength of resistance, the individual is certainly entitled to protection from his own inborn weakness; more especially since the punishment is not tempered with mercy towards the irresponsible or shortened on account of good behavior or repentance afterwards. We are under the same obligation to prevent the spread of syphilis and gonorrhea by municipal control, if possible, as any other communicable disease.

Thinkers on the phase of social affairs are practically divided into two classes; the "Abolitionists," who would attack the problem by endeavoring to totally suppress prostitution, and the "Regulationists," who, believing this to be impossible, would try to decrease venereal cases by placing prostitution under certain regulations and a system of inspection. It is only fair to state that both schools believe that the public should be taught and educated on these subjects; that their moral sense should be stimulated, and that every effort should be put forth to limit this class of disease by encouraging continence.

It is not easy to determine whether religious teaching is causing a decrease in the relative amount of immorality in this country at the present time or not, but it is safe to assume that it will be a very long time, if ever, before we succeed in causing a very marked decrease in the amount of genito-urinary disorders by this means alone. "It will be admitted that in principle prostitution is wrong, and that its entire suppression would be the ideal condition; but this ideal is not realizable. Prostitution is inherent in the human race; it cannot be annihilated, it is a nec-

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essary evil in our social system. We are confronted with the fact that the prostitute, like the poor, we shall have always with us. In dealing with this evil, speculative arguments, based upon an abstract principle which involves the perfectability of the human race, should yield to the doctrine of expediency." (Report of the Committee of Seven of the Medical Society of the County of New York.)

As much as I may wish it, I do not believe that we will ever be able to prevent illegitimate intercourse by moral suasion or the prohibition of public brothels. The closing of public houses has in every case resulted in a great increase in clandestine prostitution, and all genito-urinary specialists are agreed that this is infinitely more dangerous than the open and recognized form. Besides. it results in the scattering of the occupants of these resorts into cheap lodging houses, flats and tenements all over a city, and compels them to ply their vocation on the streets and other places where the moral effect of their presence on the community and the young is much worse than if they were confined to a restricted part of the town.

What can we hope to accomplish by sanitary control? The Abolitionists claim that the method of police supervision has been tried and has been proven to be a failure, but we do not believe that a proper system and its management in suitable hands has ever been attempted. The police of a city, corrupt as they generally are to the core, are not the proper means to use to superintend systems of this nature. The Board of Health should have this matter in charge, as they have all other things pertaining so directly to public sanitation and no taint of dishonesty should attach to those who have control of this particularly delicate and dangerous phase of public affairs. If the inspectors of the restricted district are political appointees, careless alike of their reputation and in their work, used in conjunction with a still more inefficient police, the failure of any system is assured before it is installed. The supervision of the demi-monde must be taken out of the hands of those who now generally control it. and the entire disagreeable business placed on such a plane that reliable men can be gotten to attend to it without thereby losing their prestige in the community.

It is manifestly impossible to give all the details of a plan of control which would necessarily vary under different conditions, but if it is expected to accomplish the desired ends it must at least fulfill the following requirements:

It must be under the direct control of the Board of Health.

All houses of ill-fame must be kept within a certain restricted district, remote from the ordinary residence portion.

All the occupants must be registered at the headquarters of the Board of Health, and a house to house inspection and exam-

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ination of the inmates be made by reliable medical men at frequent regular intervals, not to exceed seven days.

To insure that every woman is examined and to prevent the exchange of certificates, or one healthy individual from obtaining three or four and supplying them to her more unfortunate friends, some plan must be instituted whereby each prostitute can be recognized both by the examining physician and the public who frequent the place. To accomplish this a certificate bearing the photograph of the bearer somewhat similar to those issued by the United States government to Chinese would probably be required. In these the signature of the examining officer is written partially across the photograph and partially on the paper surrounding it so that the removal of the portrait and the substitution of another for it are impossible and anyone can identify the bearer as the proper or improper owner of the document.

There must be some provision whereby diseased individuals shall be immediately removed from the district and kept from plying the trade until they have been cured or progressed to the stage when they are inocuous. No system will be successful without this provision, and it is probably the most difficult condition to fulfill of the entire problem. Unless they are rigidly quarantined during the period of treatment, they will undoubtedly spread the infection. Since they can earn no money while not engaged, they must be provided for during convalescence as well as during the period when they need actual hospital treatment. It is evidently unjust that the general public should be taxed for such a purpose, hence the fees collected for licenses and the regular inspections should be large enough to pay for the examinations and also to provide hospital accommodations for the fallen when compelled to abandon their practices for sanitary reasons. This will come indirectly from the class whom we are protecting, and they should foot the bill.

The most important objections generally offered against such a system of control are:

1st. That it will not reach the large body of private and clandestine prostitutes. This is unfortunately true, but half a loaf is better than no bread at all, and if we grant that it will cause a material decrease in the number of cases contracted in public resorts the good results obtained in this way alone would justify its establishment and the increased danger of private as compared with public prostitution would have the effect of lessening the former.

2nd. That weekly examinations are insufficient to promptly detect sources of infection. Granting this, is it not better to remove a woman at the end of a week rather than to permit her to remain a source of infection for several months or even longer?

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3rd. That it is impossible to make a diagnosis in certain cases. The same is true of smallpox, scarlet fever or any other communicable disease, but we still find that an effort at quarantine is very effective in diminishing their occurrence and preventing their spread; and with our constantly increasing powers of diagnosis and discoveries in bacteriology we can certainly expect that in the future the number of doubtful cases will constantly grow less.

4th. That the length of stay in hospital is too short. This is a detail most easily corrected, if we include venereal among other communicable diseases amenable to law.

In short, all these arguments are to the effect that no system could be expected to completely prevent venereal disease, but if a plan of control will but considerably diminish their number, the good results obtained therefrom would certainly seem to justify its establishment.

Because we cannot obtain perfection is no excuse for sitting in idleness with folded hands and making no attempt for the measure of success which awaits honest effort.

Public sentiment in America is so strongly against any form of supervision which will recognize and license the social evil that we cannot hope to see any such plan adopted while the present prejudices prevail, hence many other suggestions have been offered. The penalizing of the transmission of syphilis is advocated by many, but even granting what in most cases would be utterly impossible, that we could prove from whom the disease was contracted, how many syphilitics would be willing to publicly acknowledge in court that they had the disease even for the purpose of prosecuting the offender? Although the existence of such a law might be a valuable means of education to the public, its enforcement would be possible only in the rarest instances.

Even more impracticable as far as the results are concerned is the plan proposed by some of compelling, under penalty of heavy fines, the keepers of houses of ill-fame to report all cases of venereal disease occurring in their resorts. To enforce such a law you must prove that the keeper knew of the presence of the disease and its nature; knowledge, unless she was a detective and an expert diagnostician, she could very easily keep herself from acquiring.

The most promising means of suppression among those offered as now available, is to stamp out as quickly as possible the centers of infection by the prompt and vigorous treatment of each case. Thus good medical attention and medicines should be within the reach of all. The rich and well-to-do can be depended upon to attend to this matter themselves, as there is nothing which will cause the average man to consult a physician quicker than some real or fancied disorder of the genital system, but some especial provision must be made for the poor. We take

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into our public hospitals the man injured while assaulting another, or the morphin wreck and ask no questions, but public and private charity is deaf and blind when these unfortunates apply for aid. This is not only straining the quality of mercy, but allowing grave menaces to the general health to continue without the slighest attempt on the part of the guardians of the public weal to abate them. It is certainly justifiable from the standpoint of humanity and expedient for the good of the community to treat these cases in public institutions when they are unable to pay for treatment elsewhere. Thus, as recommended by the committee of the Medical Society of the County of New York, the first step we should take is to furnish treatment at our public hospitals and dispensaries free of charge to all who are unable to pay a doctor. Certainly skillful and persistent medical care of both sexes when afflicted with venereal accidents will greatly lessen the spread of infection to others, to accomplish which is clearly the duty of the state, profession and public, and surely can offend the moral prejudices of none.—*North W. Med.*

AMPUTATION OF THIGH AFTER GUNSHOT WOUND.

By Captain F. H. Sparrenberger, M.D. (J. Milit, Surg.)

In July, 1900, I was surgeon of the expedition, under Lieutenant Colonel James Parker, and while at San Jose de Lagonay, a native who had been wounded by one of our men, was sent to me for treatment; he reached me five days after having been wounded. He was hit in the right thigh, 3 inches above the knee, and when I saw the case, gangrene was present: I informed him amputation was necessary and he submitted after a slight hesitancy.

I had him anesthetized by a private of Co. K 45th Infantry, and assisted by Lieut. Tyner, I amputated the limb at the upper third.

The patient rallied very readily and three days after amputation I had him removed from hospital, on account of being crowded for room, to a native shack in town, and would go there to treat the case. One week after removal from the hospital the owner of the shack reported that the patient had escaped during the night, by raising the bamboo floor of the shack, and dropping to the ground four feet below, where his trail was found, leading to the road and there lost. Six days later he was discovered, by the native police, in a cocoanut grove three miles from town: he had crossed rice paddies, a creek, and a hemp grove. The policemen brought him back to headquarters on the back of a dirty, sweaty pony, which was afflicted with glanders, no bandage on the stump, the sutures all torn out, and the flaps of the stump gaping and wide open.

I cleaned up the wound, brought the flaps together by adhesive plaster strips and bandages, and within 30 days discharged

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him, the stump nicely healed, but with a great ragged scar,—and in all this time there was not one drop of pus!

Two weeks later, his wife called on Col. Parker, and informed him, that she did not want her husband any more, as he had only one leg and could no longer earn a living for her, and requested the Colonel to straighten out the matter, demanding aid from the United States, as her husband had been shot by an American soldier, and his leg amputated by an American Medico.

The surprising part of the case was the entire absence of pus, 6 or 7 days after amputation the patient traveled 3 miles, by raising his body on his hands, bringing it forward, resting on his buttocks, then bringing his body forward again, and so on; and in this manner crossed rice paddies which were then being irrigated, crossed a creek, went through a hemp grove, thick with underbrush, was gone six days, was brought back on a dirty pony, with the open wound rubbing the back of the pony with no treatment, saving the application of banana leaves, which patient himself applied to cover the wound, and in the face of all this exposure, there was no pus.

PROGNOSIS.

By John M. Batten, M.D.

Prognosis is based on diagnosis. If the diagnosis is correct we can more easily make a true prognosis. I was a victim of an unfavorable prognosis in 1870, based on a wrong diagnosis. I had a sister to die of phthisis pulmonalis in 1869. In March of the following year I suffered with an attack of pleuro-pneumonia, which left me with empyema or pus in the pleural cavity at the lower part of the left lung, which kept up a lingering cough with expectoration of blood and pain of the lower part of the left lung. Many physicians who examined me pronounced my ailment phthisis pulmonalis, and that I might probably be benefited in the climate of St. Paul, Minn. About this time I was examined by a physician who found out the true source of my ailment, and thru his direction I was restored to my wonted health.

It is my habit, if I can help it, not to make an unfavorable prognosis, and if forced to make one, to state it, not to the patient, but to a third person. We have witnessed many cases, where an unfavorable prognosis has been made, linger a long time, and then finally recover. We have been called to attend cases that have been given up as hopeless by other physicians that have finally entirely recovered. This was no fault of the attending physicians' management of the cases, but was owing to their belonging to the pessimistic class of physicians.

There is an heredity of tolerance in disease in persons which can be markedly observed in many cases. This factor in disease should always be considered in making a prognosis. Two cases came under my observation that were attacked with the same

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disease about the same time. Both were of the same age, the same sex, and the same strength. One succumbed to the effects of the disease, and the other recovered. When I came to search for the cause of the death of the one, could find it only in the one being less tolerant of disease than the other; for the treatment, nursing, diet and care in every respect were the same. A physician often builds his reputation on what seems to be his fortune in being called to patients that are more tolerant to disease than those of his less fortunate brother physicians. One time I remember being in attendance upon two cases of typhoid fever. As far as I was able to judge, they were similar cases. My prognosis of them was good, and we had no thought of either of them dying of the effects of the disease. They were both taken sick about the same time. About two weeks after commencing to attend them I was discharged from one of the patients. Soon after my discharge the patient died, while the one I continued to attend recovered. Now was this a case where one had more tolerance of disease than the other, or was the death caused by the mismanagement of the case by the other doctors? Sometimes the physician in attendance belongs to that class of people that are pessimistic, and never look on the bright side of anything. The world is always dark to them. In this condition he is likely to give an unfavorable prognosis. I remember a gunshot wound of the ankle joint in 1863 in which Prof. Gross made the prognosis that if the leg was not amputated, the patient would die. The leg was not amputated, and the patient fully recovered the full use of the leg. Two men each had his right external iliac ligated on the same day from the effects of a gunshot wound received at the battle of Gettysburg. One recovered and the other died. A soldier was wounded in the neck by a fragment of a shell at the battle of Gettysburg. The fleshy part of the neck, except the larynx trachea and blood vessels, were carried away. The patient was nourished per rectum for three months, and in spite of an unfavorable prognosis, he finally fully recovered. In making my daily visits in an active practice I could usually intuitively decide whether my patient would recover or not. And this decision was strengthened on the side of recovery when I had the full confidence of my patient and his family.

When Caucasian blood is mixed with African blood we have found that there is very little tolerance to disease manifested in that class of people, and especially among their children.

The early attacks in an epidemic or endemic are more fatal then than later on, when the poison becomes more disseminated and less effective. The same, too, is true among those in a family first attacked with contagious disease. The fatality is always greatest among those who are early attacked.

No disease should be looked upon as trivial and insignificant. No mother who has lost a child from chicken-pox or measles

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wants to be told that these diseases are trivial and insignificant, and need no attention. Nor does it increase the confidence in the profession to be told by it that neurasthenia and hysteria are imaginary diseases.

The question of imparting an unfavorable prognosis may be considered in cases where wills are to be made, or the last rites of the church or faith have to be administered. We remember one time being called to a case of post-pharyngeal abscess that was in a dying condition on account of the pressure it produced against the larynx. It had been spoken of as hopeless by the attending physician. I simply in making the examination of the child pressed the abscess by my index finger, and the pus rolled out of the mouth of the child, and it was immediately relieved.

Some physicians magnify the seriousness of every case to which they are called with the hope of increasing their reputation in the treatment of serious cases. Many physicians feel like abandoning their cases when they are confident that nothing more can be done. They think it wrong to run a bill for attending such patients. Other physicians send, if possible, such patients away from home only to die, simply to get rid of them.

The condition of the heart and blood vessels should be taken into consideration in making a prognosis. To give a favorable prognosis, the heart and blood vessels must be in first rate condition. In fact, all the organs must be perfect.

A case is cited in *The Life and Letters of Charles Darwin*, edited by his son. Called to see a patient who had been given up to die by the family physician. Dr. Darwin took a different view of the matter, and maintained that the man would recover. He was found quite wrong in all respects, and owned his error. He was convinced that he would never again be consulted by this family, and was much surprised at being called in after a few months by the widow. He asked a friend of the widow why he was again consulted. The widow answered that she would never again see the odious old doctor who said from the first that her husband would die, while Dr. Darwin always maintained he would recover. In another case Dr. Darwin told a lady that her sick husband would certainly die. Some months afterward he saw the widow, who was a very sensible woman, and she said: "You are a very young man, and allow me to advise you always to give, as long as you possibly can, hope to any dear relative nursing the patient. You made me despair, and from that moment I lost my strength." My father, continued Darwin, said that he had often since seen the paramount importance for the sake of the patient of keeping up the hope and with it the strength of the nurse in charge.

In a letter of Theodore Billroth, 1902, speaking of the slow decline of Prof. Breisky, and of the attending physician telling the whole truth to the wife, he remarked: "I admit under cer-

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tain circumstances this is necessary; but here I do not think it is necessary. How can a poor wife, without a glimmer of hope, bear the weeks till the Liberator of Sorrows gently approaches the husband? We should give her courage and the poor patient morphine—a hard task. But let us remember that every family physician is in this situation hundreds of times, and often has to see his incurable patients daily. If the young man suspected these mental tortures when he enthusiastically enters the temple of Esculapius he would surely turn back. To face the unveiled figure of Sais requires all the undaunted resignation that we slowly win in our profession." J. A. M. A.

CALOMEL.

By Dr. C. E. Boynton, Los Banos, Cal.

Having read the letter of Dr. Lloyd in the March issue of the Critic & Guide, I wish to say, that altho' the frequent tenth grain dose of calomel is often quite as effective as the large single dose, it is less sure and convenient in some cases. A country doctor is constantly employed in cases where nursing the patient is out of the question. When the patient himself cannot be relied upon to take a tablet every half hour, particularly in malarial environment, then a ten grain adult dose of calomel with a saline gives sure and satisfactory results.

One case may be of an infant of one or two years. Indigestion and fever is the trouble. Calomel half grain is just the thing. A profuse cleaning out will follow its use. Now where is the harm? If I prescribed one-tenth grain hourly to the child, the overworked mother might give three or four doses in two hours and get no result but a sicker child. We are called to a family. One child is sick already, another is ailing. The latter is neglected. We give it ten to twenty sugared calomel tablets to eat. Next day the child is well. Had I left the tablets to be given hourly one of the sick children would have been neglected. Only the other day I rendered the best service I could in a family in which four children had malignant scarlet fever. The mother was temporarily insane and the care all devolved upon one trained nurse and the man of the house. Had I laid out each child's medicine for half-hour or hourly use, how could the nurse have made the rounds of her work?

We are very thankful sometimes to think that we can give our patient a few grains of calomel with pretty good certainty that we shall get "results." It is this "straight from the shoulder" treatment that the country doctor, his drug store in his buggy case, has to adopt to keep up and make a showing.

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WORK AS A THERAPEUTIC MEASURE.

Among the many rational therapeutic measures which have been advocated of late years, small attention has been paid to the efficacy of work. Rest, exercise, massage, electricity, hydrotherapy, vibration and many other means of treatment have been tried with much enthusiasm by various persons within and without the profession. Of these, perhaps none has had so enthusiastic a following as the so-called rest treatment, introduced in systematic form by Dr. Weir Mitchell, and practised indiscriminately ever since. That the rest treatment is useful and has again and again demonstrated its usefulness in appropriate cases, we make no question. That it has been peculiarly misused is likewise not open to doubt. We venture to say, with small expectation of contradiction, but the rest cure, so-called, has been far more satisfactory in the hands of its founder than in the hands of others, however conscientiously they may have attempted to carry out the lesson which he taught. As a matter of fact, all experience goes to show that our enthusiasms in many methods of treatment often get the better of our judgment, and that discrimination is easily lost in our effort to better a difficult condition. That this undue enthusiasm is, however, a valuable, although unacknowledged, factor of the treatment must also be admitted, and with enthusiasm as such we must certainly have no quarrel.

In view, however, of all the time and attention which has been given to treatment by so-called rational methods, it is somewhat extraordinary that no systematic attempt has been made to systematize a method of treatment which shall have work, either physical or mental, as its fundamental principle. Of course, we recognize the fact that physicians are continually advising exercise, and often physical labor of a more or less definite sort, but so far as our knowledge goes, with the possible exception of Moebius, no one has mapped out a work cure in the same systematic fashion as a rest cure, for example, has been developed. We are so accustomed to consider our patients as individuals of lowered physical and mental vitality that we frequently overlook the fact that their appearance of invalidism is due to quite other causes than those for which rest and recreation could work a cure. It becomes increasingly apparent, as one's attention is directed to the matter, that overwork, as the term is popularly used, means almost nothing. It is the rarest possible experience to come in contact with a person who is really suffering from overwork as such. His hours may be long, his work may be uncongenial, and his physical strength insufficient to meet the demands placed upon it, but to generalize and say that overwork, as such, is the cause of the innumerable nervous breakdowns which are everywhere about us is no longer to be maintained. Our conviction is growing, on the other hand, that the lack of proper employment is rather the scurce of the various failures which are familiar to every phy-

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sician. That such employment of the mind and also of the body is conducive to health cannot be questioned, and we are inclined to think that if physicians insisted upon the necessity of work with anything like the frequency that they insist upon the necessity of rest, in dealing with the so-called neurasthenic invalid, they would accomplish far more definite results. If it be true that overwork is rare, and that the moral and physical stimulus which work gives is desirable, it may hardly be questioned that a systematic treatment by work is as rational as a systematic treatment by any other means. If we could realize that many of the ills of life are due to perversions of natural processes rather than to fundamental defects, the rationality of a plan of work as opposed to a plan of recreation or rest or anything else would forthwith become apparent. We await with confidence the formulation of such a method of treatment, which shall have for its aim a building up of temporarily disordered functions through systematic effort and employment. This tendency in sporadic form we see about us everywhere, but its systematic application as a legitimate and useful therapeutic measure seems not yet to have been attained.—*Boston Med. Surg. Journal.*

ARTIFICIAL FERTILIZATION OF ANIMALS.

Dr. J. Ivanoff, in *Russky Vratch,* gives a preliminary account of a series of experiments he has made with artificial impregnation of various animals. As a whole, the results of these experiments were extremely satisfactory, so much so that the Russian government has offered Ivanoff an opportunity to put the results of his observations to practical use on cattle and horse ranches. By means of this experimentation on a very large scale the author's contentions have proved exceedingly practicable. When the attempts were made in a systematic way under favorable conditions during the period of heat of the respective animal, mechanical introduction of sperma showed a higher percentage of impregnations than the normal sexual act. Thus—*e. g.,* in the spring of 1901, artificial insemination of mares yielded a favorable result in every case.

Artificial impregnation of animals was attempted several hundred years ago by Harvey; later on a larger scale by Spallanzani. Marion Sims, probably, was the first to try this procedure on sterile women. He is at least the first who reports an account of such experiments made upon twenty-seven patients, as he contends, with success in one instance. We find in the literature of the last decade several short reports on similar attempts, but the procedure never found favor in the profession. Difficulties in the proper technic of infection of these applications, the danger of infection of the uterine cavity, and not least the fact that this treatment of sterility is equally repugnant to the patient, her

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husband and the physician, have barred this procedure from a more extensive use.

While thus the eminent practical importance of the observations of Ivanoff in cattle raising and horse breeding is obvious, it is more than doubtful whether they will prove an impetus for new attempts of treating by means of artificial impregnation—that form of sterility that is supposed to be due to mechanical obstruction within the cervical canal.

The results of Ivanoff's experiments are, however, of high scientific interest. He is a pioneer in using for these injections instead of the seminal fluid, as all the preceding experimenters did, a suspension of spermatozoids in either normal saline solution or a slightly alkaline solution of soda. The spermatozoids were recovered directly from the testicles of animals, and at this occasion the interesting observation was made that spermatozoids from animals that were dead as long as twenty-seven hours, had still retained the faculty of fertilization. These experiments explode the teachings of some authorities that the secretions of the prostatic, of Cowper's glands, etc., are indispensable constituents of the seminal fluid. These experiments prove beyond doubt that sexual apathy on the part of the female during cohabitation cannot any longer be considered of importance in the etiology of sterility. That the supposed aspiration of the semen by means of a contraction of the uterus during the orgasm is not essential for impregnation has been shown by the great number of successes following the simple injection of the spermatozoids into the vagina.—*Interstate Medical Journal.*

COLLOID SILVER BY ENEMA.

Of late the administration of collargol per enema has been recommended in place of the difficult intravenous injections. Lœbl (Therapie d. Gegenwart) described twenty-seven cases of puerperal fever, typhoid phlebitis, endocarditis, etc., treated at Schlesinger's clinic in Vienna with collargol enemata and with good results. Netter (Bull. & Mem. de la Soc. Med. des Hop., April 28, 1904) says that he gives the drug by mouth in pills containing 1-6 to 1-3 grain with milk sugar and glycerine, or in solution. He also used it rectally with great benefit, especially in cases where silver nitrate is employed, as in affections of the nervous system and the digestive apparatus. The nitrate is objectionable for long continued use because of argyria, while collargol is non-irritant to the mucosæ and never causes ill effects. He found that in epileptics the specific effects of bromide were obtained from much smaller than the usual doses and that the distressing symptoms of bromism were avoided. It was also of service in neurasthenia, neuralgia, dysentery, phthisis, grippe, typhoid fever, etc.

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LETTERS TO THE EDITOR.

A DASTARDLY NEW YORK COMPANY.

Editor Critic & Guide:—I see that the dastardly New York Company which has been selling for many years acettanilid under a fancy name at 75 cents or $1 an ounce, the company which distributed annonymous circulars about you at Atlantic City and lately sent around a lying annonymous letter in the form of a commercial report, is now taking advantage of your absence in Europe and is again sending out a stupid letter, but now, under its signature. It well knows that you are not in a position now to nail every lie, to sledge-hammer every rascal. But it is not necessary. The profession knows what an arrant humbug that concern is with its fraudulent St. Louis Health reports. And it does one good to think how badly you must have hurt them, to make them squirm so. The medical profession will get square with that concern, which is a disgrace to the intelligence and honesty of a civilized nation.

Most respectfully,

L. B., M. D.

ONE RETAIL DRUGGIST'S OPINION.

To the Editor:—As a reader of and subscriber to the Critic & Guide since its initial number, kindly allow me to pass a word or two on the January, 1905 issue.

In your New Year's greeting you speak of the salvation of Pharmacy and the price of Peruna at 89 cents. Further on, Dr. Benedict speaks of "Ethical Pharmacy" and "Bizarre Combination" of a city drug store. I have read a good many things in relation to the drug trade since I have been connected with it (1879). I don't remember once reading that any efforts were, or are being made to abate these nuisances and commercial degradations. On the subject of cut prices I once had a two hours' confab with the leading salesman of one of your full page advertisers. After stopping to talk, he said the plan was impossible, owing to narrow mindedness and jealousy of the druggists themselves. What I said was the retail druggists of the United States could at one blow kill the cursed patent medicine business and then be in a position to dispose of their own goods, made by themselves as the products of their own education and efforts, instead of being a catspaw to patent medicine manufacturers, some of whom are fit subjects for state's prison at bread and water and stone breaking. The 52,000 retail druggists in union could accomplish what all that

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has heretofore been said and written has proven in vain. The American public is easily handled, and would not use anything from a Seigel-Cooper, or Austin-Nichols store that the *entire* retail drug trade would refuse handling. Just two incidents in my own experience to prove this. One day a lady came into my place and asked for a 16 cent cough consumption, etc. cure. I showed her a printed qualitative analysis of it and asked her if she wished her child to become a fiend to a certain drug. The patent medicine went back to the shelf at once and I sold her my own preparation for 25 cents and which was my make and the result of study, experience, etc., and above all contained no fiend making drug, and I sold her many more 25 cent bottles of the same thing. Some other day a lady handed me what was meant to be a prescription from a doctor, but was an order for a patent medicine selling at 69 cents over the counter. I asked her if she was in the habit of paying two or three dollars for office calls for patent medicines and showed her what this particular "doctor" wrote for. She refused to have this "prescription" filled, went to another doctor that wrote a real prescription, brought it to me and I had a chance to use my schooling in the business instead of being a catspaw for a manufacturer of doubtful education and knowledge in the matter of drugs and their administration. What one man can do, surely 52,000 can also do, by union.

Anent the "Bizarre Combinations" that Dr. Benedict speaks of the same would hold good if all druggists were unitedly of the opinion of one druggist up in Harlem, whose store is nearly devoid of those disgusting, unethical and commercial displays. Patent and proprietary medicines above all are clean out of sight in this particular pharmacy; they are in the rear room near the toilet (where they really belong). One side of this store shows all liquid pharmaceutical preparations; the other all the dry salts, chemicals, etc.; the windows are devoid of the displays Dr. Benedict tells of, and the show cases contain only such things as pertain immediately to the business. Fifty-two thousand dealers could do likewise and then the pharmacy would be and look as it should. But it is as my friend (the above mentioned salesman) says, the druggists are too narrow-minded, selfish, jealous to do anything that would be a blessing to the trade, and better things. I will prove this. When the ten o'clock closing movement was on the tape in New York City, some years ago, who was it that broke the agreement? The Jungmans, Kinsmans, Hegemans, Rikers, Boltons, Osbornes, and that class of pharmacists, sic! sic!! More some other time on these topics, Mr. Editor, if you will permit.

Yours truly,

P. F. SCHNURRER,

1623 Broadway, Brooklyn.

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THE MEDICINAL TREATMENT OF CANCER.

In an article on Hypodermic Medication in Inoperable Cancer, Dr. John A. Shaw-Mackenzie relates a number of instances in which he has obtained good results by the use of remedies introduced either into the intra-cellular or intra-muscular tissues. His earlier experiences related to iodipin—a combination of iodine and sesame oil—in cases of uterine fibroids. The solution was introduced into the intra-cellular tissue of the buttock in doses of 3 to 10 c.c. In no case did any local or general inconveniences follow the injections. In the number of instances the symptoms were completely relieved with more or less shrinkage of the tumor, and in two cases the fibroid practically disappeared. For cases of inoperable cancer two remedies were employed—namely, chian turpentine and soap solution. The former was some twenty years or more ago strongly advised by Prof. Clay, of Birmingham. Other observers failed to obtain good results, and the method fell into disuse. It is now suggested that failure may have been due to the administration of the remedy in a form which did not admit of absorption, and, in support of this, it is claimed that when given in pills the drug may be passed per rectum in an undigested condition. Further, it is said that the best results followed the use of the chian turpentine prescribed as an emulsion. As a further improvement, Dr. Shaw-Mackenzie suggests the injection of a 20 per cent. solution of chian turpentine in olive oil deeply into the subcutaneous tissues of the buttock. Of this he commences with a dose of 5 minims, increasing by 5 minims on alternate days to a maximum of 60 minims. The site of the injection should be sterilized by some antiseptic solution and then anæsthetised by the use of ice or other local anæsthetic. A strong needle, preferably of irido-platinum, is necessary. One of the class related is that of an old soldier with a large malignant mass fixed to the structures on the right side of the neck and ulcerated in several places. Under the administration of chian turpentine pain ceased, the offensive discharge was checked, and the tumor shrank greatly in size. In a second case the growth was of pelvic origin and was producing considerable disturbance of the stomach and bladder. Here also the tumor rapidly lessened under the chian turpentine treatment. In reference to the use of soap solution particulars of cases are promised in a future paper, but the results are described as sufficient to justify the hope that we may perhaps be able "one day to control malignant growths by hypodermic medication."—(*Hospital.*)

FOR STIES.

Dr. Michailovsky recommends the following as an excellent application for sties: Oil of eucalyptus, 1 dram. Pure lanolin and vaselin, of each 2 drams. To be rubbed into the sty several times a day.

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BETA-EUCAIN.

H. BERT. ELLIS, A. B., M. D., Prof. of Ophthalmology, University of Southern California, Los Angeles, read a report on "The Use of Beta-Eucain Lactate in Eye, Nose and Throat Work" before the Los Angeles County Medical Association, Feb. 3, 1905, in which he said:

I have been using 12% solutions of the Lactate of Beta-Eucain to anaesthetize the mucous membrane in making diagnosis of nose, throat and ear troubles. It does not disturb the circulation or shrink the tissues, so that you may see the tissues and feel them with the probe while in their natural condition. For removing portions of the turbinated bodies I use a tampon of cotton saturated with 12% solution, allow it to remain five minutes, replace it with another and allow it to remain five minutes. Then, ordinarily, the parts are ready for operation.

When spurs of the septum are to be removed, after using the Lactate as above I put in a tampon saturated with epinephrin 1:10,000, so the tissues will be shrunk as much as possible. Epinephrin may also be used in combination with the Lactate when operating on the middle turbinated bodies or the ethmoidal cells.

A 5% solution of the Lactate of Beta-Eucain, when dropped into the conjunctival sac, causes a more decided smarting than does a 4% solution of cocain, but it creates neither hyperaemia nor anaemia and it has the decided advantage over cocain that it in no way disturbs vision, having neither cycloplegic nor mydriatic action. The anaesthetic effect is excellent and quite equal to that of a 4 or 5% cocain solution, and it produces lesion of the cornea.

By infiltration the following will in the course of thirty minutes effect an anaesthesia which lasts three or four hours. There are no depressing effects, even if twice the quantity is injected.

Lactate of Beta-Eucain	gr. 4
Sodium chloride, c. p.	gr. 12
Sol. epinephrin. 1-1,000)	m. 10
Distilled water	oz. 3½

Inject one-half for ordinary operations.

— *California Medical and Surgical Reporter*, March, 1905.

The fact that we possess no specific remedy for phthisis is far from the same thing as not possessing any useful drug. We possess no specific climate for phthisis, but many useful ones.—*Kobert.*

I am double, as it were, and one half of me laughs while the other half weeps.—Renan.

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Naphtalin. Naphtalene. Tar Camphor. $C_{10}H_8$. A coal-tar hydrocarbon. White lustrous scales, strong peculiar odor, insoluble in water, sol. in alcohol, ether, fixed and volatile oils. Intestinal antiseptic. Dose 2 to 8 grs. For tapeworm 15 grs., followed by a laxative in 2 to 4 hours. When triturated with salol, a soft mass or liquid results. Externally in a number of skin diseases, in 5 to 10 per cent. ointment.

Naphtoformin. Prepared by the action of formaldehyde on naphtol. Used in dermatology.

Naphtol-(Alpha). Alpha-naphtol. $C_{10}H_7OH$. Constituent of coal-tar, also prepared artificially from naphtalene. Colorless crystals, carbolic acid odor, burning taste. Antiseptic, externally and internally. Being more toxic than beta-naphtol, it is practically never used.

Naphtol Benzoate. See Benzonaphtol.

Naphtol (Beta). Beta-naphtol. $C_{10}H_7OH$. Constituent of coal-tar, and prepared artificially from naphtalene. White or pinkish scales or crystalline powder. Insol. in water, very sol. in alcohol, ether, also chloroform, glycerin and fixed oils. Antiseptic, antizymotic, especially in fermentative conditions of the intestinal canal. Dose: 2 to 8 grs. Also externally in solution or ointment, in many skin diseases.

Naphtoxol. A solution of naphtol, 2%, in peroxide of hydrogen and alcohol.

Narcyl. Ethylnarceine hydrochlorate. Anodyne. Dose, hypodermically, 1/6—1/3 grn.

Nargol. Silver nucleide (See Mercurol). Contains about 10% of Ag. Light brownish-white powder; readily soluble in warm water. Is not precipitated by sodium chloride or other reagents for silver. Used in gonorrhea, etc., as a substitute for silver nitrate.

Nasrol. See Sodium sulphocaffeate.

Nectrianin. A liquid preparation obtained from cultures of Nectria ditissima, the cancer parasite of the vegetable kingdom. Bra and Mongour, (*Rev. de thérap. 1900, No. 7*), injected 4 C. C. of this culture extract daily and claim to have obtained excellent results; not on the disease itself, but palliatively in stopping the hemorrhage and discharge and in soothing the pains which previously could not even be relieved by hypodermics of morphine. No further reports have appeared from any other observers.

Nervocidine. Active principle (alkaloid) of an Indian plant called gasabasu. Yellow, hygroscopic powder, soluble in water. Local anesthetic. Experimented with so far only in dentistry. Used in 1/5 to 1/2% solution.

Neuralgin. One of the numerous quack mixtures, containing acetanilid, caffeine and sodium salicylate. Dose: 10 to 50 grs.

Neurodin. Acetyl-p-oxy-phenyl-urethane. Colorless odorless crystals, insol. in water. Antipyretic and antineuralgic. Dose: 8 to 24 grs.

Neuronal. Bromdiethyl acetamide.? Hypnotic. Dose: 8 to 15 grs.

Neurosin. A fancy name for Calcium Glycerophosphate.

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Nirvanin. White crystals or powder, very soluble in water, and in alcohol It is claimed to be much less toxic than cocaine or orthoform. It also possesses antiseptic properties; there is no need therefore to boil the solution, tho boiling does not decompose it. It has been recommended as a substitute for cocaine in infiltration anesthesia, and as much as 8 grains may be injected at one sitting.

Nosophen. Tetra-iodo-phenol-phthalein. Iodophen. From iodine and phenol-phthalein. Yellowish powder, odorless and tasteless, insoluble in water and alcohol. Contains about 60% of iodine. Used chiefly as a substitute for iodoform and may be considered an efficient antiseptic. With bases nosophen combines to form salts: so we have the sodium salt or antinosin and the bismuth salt or eudoxin.

Nutrose. Neutral sodium-casein. White powder, soluble in water. Recommended as an easily assimilable food, in digestive disorders and in anemia. The dose is 1 to 1½ ozs. a day best taken in soup or milk.

Odontodol. A toothache remedy consisting of cocaine hydrochlorate 15 grs., cherry laurel water 15 m., tincture of arnica, 2½ drams and solution of ammonium acetate, q.s. to make 1 oz.

Oleic acid. The chemically pure article has recently been recommended as a remedy in biliary colic and gallstones. Dose: 8 to 15 min. in capsules once or twice a day.

Orexine tannate. Phenyl-dihydro-quinazoline-tannate. Yellowish powder, odorless, insoluble in water, slightly soluble in alcohol. Recommended in anorexia from any cause, but distinctly contra-indicated in hyperacidity of the stomach and in gastric ulcer. Dose: 4 to 8 grs. 1 to 2 hours before the two principal meals. In powder or tablet form.

Orexoids. Tablets of orexine tannate, containing 4 grs. each.

Orphol. See Bismuth Betanaphtolate.

Orthoform New. Meta-amido-para-oxybenzoic-methyl-ester. A white, light powder, odorless and tasteless, very slightly soluble in water. Local anesthetic, possessing also antiseptic properties. It is efficient in relieving the pain of burns, ulcers, wounds, etc. Used in powder or ointment form. Internally in gastric catarrh it is used in doses of 5 to 15 grs. Dissolved in oil or emulsified in oil by the aid of yolk of egg, it is used very largely as an injection in laryngeal tnberculosis, and it relieves the pain very effectually.

Orthoform, Old. Para-amido-meta-oxybenzoic-methyl-ester. This is the original form in which orthoform was introduced, but for various reasons, it has been replaced by the orthoform "new", which has the same therapeutic effects.

Ovoferrin. "Iron-vitellin". A solution of an organic form of iron.

Oxaphor. See oxycamphor.

Oxol. A mixture of hydrogen peroxide (3%) with alcohol (35%). Oxol, containing camphor—camphoroxol; containing menthol—menthoxol; containing naphtol—naphtoxol.

(To be Continued)

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206.—Camphoræ.....gr. xxiv
Morphinæ Sulph.....gr. vj
Tr. Capsici.....ʒss
Aetheris.....ʒss
S.: 20 drops every ½ hour until attack is over.

This prescription must not be dispensed, as written, under any circumstances. Only a small fraction of a grain of the morphine will dissolve; the rest, about 5¾ grn., will remain in suspension. As the medicine is to be dropped, there is no possibility of adjusting the dose rightly. In one dose there may be only ⅛ grn., while in the next there may be 1 or 2 grn. As these doses are to be repeated frequently, there is altogether too much risk in dispensing the mixture. The reason why the morphine sulphate will not dissolve is because it requires 700 parts of alcohol for solution, while in ether it is practically insoluble. In such cases it is usually possible to get out of the dilemma by employing the pure alkaloid instead of the salt. Unfortunately, this is not the case with morphine sulphate, for alkaloidal morphine requires 300 parts of alcohol and 4000 parts of ether for solution. The acetate and the hydrochlorate of morphine are much more soluble in alcohol than either the sulphate or the alkaloid; but they would not do either, as the most that would dissolve of these drugs in the quantity of the menstruum given would be from 3 to 3½ grn. This is the way the writer would get over the difficulty: Make up the prescription without the morphine. As the physician evidently intended ¼ grn. of morphine per dose (in the physician's mind drop is always equivalent to minim; 6 grn. divided into 24 doses makes ¼ grn. per dose), inclose 24 tablet triturates of ¼ grn. each. At the same time send a note to the physician of about the following contents:

"Dear doctor:—Morphine sulphate is insoluble in tincture of capsicum and in ether; I therefore left it out and send 24 tablet triturates, ¼ grn. each instead, so that the patient may take one with each dose of the medicine." I am sure the doctor would feel under great obligation to the pharmacist for pursuing such a course.

207.—Sodii Hyposulphit.....3ij
Ac. Sulphur. Diluti.....3iij
Glycerini.....3iv
Aquæ.....q. s. ad. ʒiij
S.: 3j in cup of water, for rinsing mouth; also internally, 3 times a day.

This prescription is incompatible, and cannot be dispensed; either the first or second ingredient must be left out. Sulphuric

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gastric juice always contains hydrochloric acid (and where it does not, like in cancer, then pepsin will be of little avail, anyhow), which neutralizes the alkaline medium, leaving the pepsin free to exert its proteolytic influence? But, some may say, experiments appear to show that the proteolytic power of pepsin, which has been in contact with an alkali, is lost forever; that even after neutralizing the alkali and rendering it acid, the pepsin refuses to work. To the writer those experiments are not conclusive. A test-tube or a porcelain dish is very different from a living, secreting mucous membrane; and it is just possible that a pepsin, whose powers have become, so to say, dormant from treatment with some chemical, may suddenly awaken on coming into contact with such a membrane. While the writer does not regard "vital force" with the same superstitious reverence that was accorded it before the epoch-making year of 1828—the year of Woehler's pregnant discovery—still he believes that not all vital phenomena can be or ever will be accounted for by strictly chemical processes, or expressed in chemical equations; and he who sees no difference between a test-tube and a living stomach, has yet a good deal to learn.

209.—Pepsini.....3ij
Resorcini.....3j
Saloli.....3j

Antiseptics are considered incompatible with pepsin, as inhibiting its digestive action. Whether they do so in the stomach is still sub judice. The salol will have no bad effect on the pepsin, as it is insoluble in the stomach and passes into the bowels unchanged. The druggist should dispense this prescription without any question, as it is only a case of (supposed) therapeutic incompatibility.

210.—Sol. Fowleri..... 4.0
Tr. Nuc. Vom..... 6.0
Syr. Ferri Iodidi..... 50.0
S.: Teaspoonful after meals.

The potassium carbonate in the Fowler's solution will precipitate the ferrous iodide as ferrous carbonate, which is itself rapidly decomposed. It will also tend to precipitate the strychnine and brucine in the nux vomica. The iron will combine with the arsenite to form ferrous arsenite. As seen, there are three sources of incompatibility in this prescription.

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211.—Aluminis ..... ℥ss
Ac. Tannici ..... ℥ij
Glycerini ..... ℥ij
Aquae ..... ℥ij
S.: Shake well, and put teaspoonful in cup of warm water for gargling.

The following note came with this prescription: "The mixture at once turned black; I made it up again with the same result. I made up similar combinations many times before, and it never happened. Can you explain this peculiar reaction?" The druggist was told that undoubtedly the alum contained an appreciable amount of iron. Examination of a sample of the alum proved the correctness of the surmise.

212.—Pepsini Puri ..... ℥ij
Ac. Hydrochl. Dil. ..... ℥j
Tr. Gentian Comp. }
Elix. Simpl. } ..... āā ℥j
Aq. Menthae Pip. }
S.: Cochlear parvum ter in die, post cibum.

Are pepsin and alcohol incompatible? This question is also answered differently by the chemists and by the clinicians. The chemists say alcohol destroys the action of pepsin; the clinicians say it makes no difference, as they get good results from the elixirs and wines of pepsin. Syme's experiments seem to furnish a satisfactory reason for this difference of opinion. He has shown (Med. moderne, IX, p. 53) that the alcohol exerts its inhibiting action on the pepsin when both are in a glass or similar inorganic vessel. Something entirely different takes place, however, when the glass vessel is replaced by a moist animal membrane. The alcohol at once begins to diffuse thru the membrane, and in a short time the pepsin begins to exert its solvent action on the albumen. In the experiments made the albumen, dissolved after two hours, was nearly equal to the amount of albumen dissolved by pepsin in a medium containing no alcohol at all. He, therefore, concludes that pepsin is not incompatible with weak alcoholic media.

213.—Ferri et Amuon. Cit. ..... ℥i
Potass. Iodidi ..... ℥i
Glycerini ..... ℥ss
Aquae ..... ad ℥iij

This prescription is all right. The iron and ammonium citrate has a neutral reaction and there is no liberation of iodine, even after standing for a considerable time.

(To be Continued.)

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[SQUIB—A pithy comment on men or things—Dictionary.]

THE SQUIBBER.

Frank Homer, Ph. G. Pithy Comments on Things Pharmaceutical.

COUNCIL ON PHARMACY AND CHEMISTRY. — The American Medical Association has created a Council on Pharmacy and Chemistry, to examine into the composition and status of the various medicinal preparations offered to physicians, and which are not included in the U. S. P. or standard text-books. Preparations that conform to a certain standard will be incorporated in a book, "New and Non-Official Remedies." The given intent is mainly to provide physicians with a "means of separating the secret nostrums from preparations honestly made and ethically exploited," not to pass judgment on therapeutic value. The very first rule is that "no article will be admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article, be furnished for publication." A great many manufacturers are likely to "buy" the plan without reading further. The medical and pharmaceutical journals are already devoting some attention to the proposed work of the Council —and, if the Squibber mistakes not the signs, a little trip-hammer with a padded surface is being set up in many a "journal" office to knock holes in the plan—while ostensibly engaged in mending it.

N. Y. R. D. A. BALL. — Better late then never! The Squibber didn't hold forth in the March issue, and so must comment thus late on the grand ball and entertainment given by the New York R. D. A. early in the windy month. A representative of P. D. & Co. present said it had the Alumni ball "peeled to exitus lethalis," or words to that effect. It was a delightful affair, the only regretful incident being the absence of President Peter Diamond, due to the death of a relative. Joseph Weinstein, debonair and hospitable, gave the equivalent of the Rooseveltian "delighted!" to the arriving guests. A. Bakst, bubbling over with the good humor that is an integral part of his bachelor self, saw to it that everybody had a good time, backed up by a "big roll of the long green." Little Louis Epstein knew every young lady there, and was generous enough to try to make all his friends thus happily acquainted. Lazarus Marmor contributed to the enjoyment of the evening by a serio-comic skit published in the program, relating how President Roosevelt and the two New York senators conferred on the advisability of allowing the druggists to hold this ball, for fear they would never return to "stamps and percolation." Altogether, it was a great night for the druggists of the great East Side.

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CONSISTENCY, thou art a Premier diamond — to be "down-to-date", as the Amer. Soda Fount. man would say. Ever been at a druggists' meeting where German manufacturers were belabored for the high prices at which they compelled druggists to sell their patented synthetics to sufferin' humanity? And ever notice at the same meeting considerable enthusiasm over the progress of the movement to get more from the befoozled public from the sale of secret nostrums? Yet, certainly, if the secret-formula stuff masquerading as medicine is worth from 83 cents to $1 per bottle to the purchaser, chemical compounds of undoubted therapeutic value are worth as much—dose for dose.

PROF. CHAS. F. CHANDLER, vice-president of the New York College of Pharmacy, is being investigated by a committee of druggists, of which Wm. C. Alpers is chairman, because of certain alleged insulting remarks credited to him when he appeared before a Congressional committee to oppose the Mann bill — the now defunct measure which provided that patents should be granted only on the processes for producing medicinal chemical compounds, and not on the products themselves. The reported remarks of Prof. Chandler that caused the trouble were: That the retail druggists favoring the bill were trying to rob their brother chemists of hard-earned rewards; that he had worked for these druggists for nothing; that they came with a plea that they spoke for the sick and suffering, but this was not an honest plea; the passage of the bill would make no difference in the price of any drug product to the consumer. He instanced phenacetin as one of the greatest blessings of the century, and concluded, it is alleged, as follows: "There are nearly 100 doses in an ounce of phenacetin, so that if the price to the druggist is $1 per ounce, a 5-gr. dose costs about one cent, yet the druggist charges 50 or 60 cents for a prescription whether he uses phenacetin or some heavy chemical worth 10 cents a pound." It isn't so much the Professor's position on the Mann bill that hurt, but his reflections on the character of "these druggists for whom he had worked for nothing." The investigating committee has reported "progress"—which somehow smacks of a coming application of the whitewash brush.

DRUGGISTS AND FIRE INSURANCE. — Frank H. Freericks, the Cincinnati lawyer-druggist, and "The Apothecary", have had a bout over a proposed Druggists National Fire Insurance Co. Frank says it would be a fine thing — save 50 per cent. to policy-holders, pay 20 per cent. to stockholders, and turn over to the N. A. R. D. $20,000 per annum for the use of its organizers as agents. "Apothecary" man says he's pipe-dreaming, or words to that effect, tho' Frank gets back at his

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critic hard by pointing out that he didn't seem to comprehend the meaning of the legal terms in the statutes which the charitably disposed fire insurance companies have had enacted for the protection of the pee-pul. If this thing keeps up we may expect to see the fire insurance companies' newspaper organs with headings similar to this: "Drug Trust Reaching Out Its Tentacles to Absorb the Fire Insurance Business. Legislation needed to chop off the Octopus's Feelers!"

TRUST IN SECRETARYSHIPS. — Somebody will have the Sherman law on Samuel Van Buren Swann "if he don't watch out", for cornering secretaryships, He wields the recording pen now for the Manhattan Assoc., the N. Y. State Ph. Assoc., the new Metropolitan A. R. D. in New York, and if Tom Woolen of the N. A. R. D. doesn't look sharp Sam will wrest that (soft?) job from him, or else the scratchetaryship of Bodeman's famous and notorious R. H. committee, at the Beantown convention next fall.

THE METROPOLITAN ASSOCIATION OF RETAIL DRUGGISTS came into being at the N. Y. College of Pharmacy building on March 28. It is affiliated with the N. A. R. D., and has for its principal object the upholding of the direct contract plan in New York—the plan by which the manufacturers of Dr. Miles' Pink Pills, Peruna, Paine's Celery Compounds, Piso Consumption Cure, and others, hope to ward off "substitution", and by which the retailers hope to "make something" on the sale of such proprietaries. The dean of the Brooklyn College of Pharmacy is the president of the organization. Great efforts were made to get the big "cutters" like Ramsey, of Hegeman's; Bigelow, Cahoon, of Riker's; Kalish, Jungman and others to become members, but the big fish were wary of entangling alliances, and simply promised co-operation. Already about a thousand local druggists have signed the various contract plans, and when 500 more attach their signatures to the contracts the higher retail prices therein agreed to will be declared in effect by the M. A. R. D. And so the druggist's millennium in the metropolis begins to dawn. Membership in the new organization costs $8 per annum.

DR. JOHN A. MARSHALL, head of the department of Chemistry and Medicine of the University of Pensylvania, sent a stray shot at a little weakness of the W. C. T U. the other day, in explaining carbondioxide to his students. He said: "By a fermentation in the intestines carbon dioxide and alcohol are produced. I trust this fact will never become known to our earnest friends of the Woman's Christian Temperance Union. This is probably the only alcohol produced by man that escapes taxation."

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MELANGE FOR DOCTORS.

J. W. BRANDEIS, A.M., M.D.

Dr. Weir Mitchell once remarked that *the* medical novel with a doctor as the central figure had not yet been written.

A few months ago a novel called "The Specialist" made its appearance, and it was seized upon in the hope that the void had at last been filled. But, alas! Mr. Irvine failed dismally, if such was his purpose.

The "specialist" is a doctor in Switzerland practicing general medicine and obstetrics besides his apparent specialty—Laryngology and Rhinology. His most marked characteristics are a chronic condition of busy-ness and a habit of telling patients that he regards them only as "cases." In fact each character is tagged by a mannerism either of speech or action by which you can recognize every reappearance, and even the "chaffinch bursts" everlastingly "into song." Moreover each person is further labelled by the particular brand of *Monsieur* he or she employs in addressing the doctor as e. g. "*Moosoo,*' "*Monsieu,*" "Moosio," "Moosyou," etc.

The plot of the story develops about the ambition of the specialist to perform an operation, which he has evolved, for the cure of tuberculosis. He succeeds in getting a subject who apparently has both laryngeal and pulmonary tuberculosis in the last stages. The operation is successful, however, and the patient is cured, tho', despite our patience, we didn't learn at all of what the operation consisted.

Who says the practice of medicine is not a royal profession? Both the Queen of Portugal and the King of Belgium have the degree of M. D.

In Russia there is one physician to every seven thousand inhabitants. In the United States there is one to every six hundred. In New York City, two to every case—apparently.

"Ah," thought Dr. Watson, Holmes' understudy, as he sauntered down Madison Avenue, "There is a colleague just ahead of me."

"Hello, Rogers," he exclaimed, as he caught up to the gentleman in question, "how goes it?"

"Pretty well! But how did you know me from behind? I heard you hurrying after me."

"I didn't recognize *you;* but the pocket-case in your hip pocket outlined against your coat, and this piece of cotton adhering to your sleeve assured me you were a doctor, so I caught up with you." And now, in addition to your assurance, I am able to *observe* that practice is good. For I perceive

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that you have just left a home where you performed a tonsillotomy. By way of comment I might remark that your patient was a full-blooded child, and that you tackled the left tonsil first."

"Good, Watson! Surprisingly good!" interrupted Dr. Rogers.

"Let me say further," continued Watson, "that you operated without the use of anaesthesia, the child being held, instead, upon the lap of a blonde woman."

"Correct! Remarkable! Wonderful! But how could you tell all of this? Tell me!" demanded Dr. Rogers.

"Very simple indeed, my boy, as you will readily admit when I explain it to you.

"The spot of blood on your otherwise immaculate shirt-front proved to me that you had operated; and by its color, on a full-blooded person. As your specialty is throat work I naturally thought first of the most frequent operation in that category. It was natural to suppose the patient to have been a child. The fact that the spot of blood is situated just to the right of your neck-tie suggested that you had first removed the left tonsil when a sudden cough projected the blood from the left tonsil to the right side of your shirt. Later in the operation with the mouth full the blood would have been distributed more generally. Thus far your exclamation assured me that I was right.

"Now, the fact of the early expulsive cough pointed to the absence of anaesthesia. In which for a child to have sat opposite you and stained your shirt so high up, he or she must have been held on someone's lap. That the someone was a blonde lady, I easily divined from this blonde hair, which I shall now remove from your coat, and which tho' rather short I concluded to be a woman's by its very fine texture. Simple enough eh?"

"Sounds simple enough, now I must admit. Yes it does," replied Dr. Rogers.

As Dr. Rogers entered his office alone he removed a small obstetric kit from his hip pocket, and, as he placed it in a drawer he observed aloud that "it would probably take Sherlock himself to suspect that throat specialists in New York were still practising obstetrics."

There is nothing that will more quickly and more thoroughly take the conceit out of a doctor than the treatment he usually receives in offering his services in a street accident.

First of all the policeman, who has taken charge, will probably doubt the physician's professional identity in the absence of a badge to prove it. And then when the ambulance arrives and young "white-wings" darts through the crowd with a flourish of his satchel, the way the good Samaritan is thrust aside and ignored will just about "hold" him for a while.

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

Subscriptions must commence with January issue. If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. MAY 1905 No. 5.

THE LATEST INVESTIGATIONS AS TO THE NATURE AND TRANSMISSIBILITY OF SYPHILIS.

Cancer and syphilis—to no other diseases is the attention of investigators turned with so much zeal, so much steadfastness, so much pertinacity. While therapeutically syphilis is one of the most easily manageable diseases, it is etiologically as obscure as is cancer. But the most recent investigations and experiments seem to promise much and it would not be at all surprising if in the very near future the information came forth that the true *materies morbi* of syphilis has at last been definitely demonstrated, isolated and even cultivated. As is well known up to recently—a few months ago—the opinion prevailed generally that syphilis was a disease peculiar to the human organism and that it could not be transferred to, inoculated on, any other organism. The experiments of Metchnikoff, Roux, followed later by those of Lassar and Neisser, have demonstrated almost conclusively that as far at least as anthropoid apes—chimpanzees—are concerned, lues is transferable. The symptoms which the inoculated monkeys developed were of a distinctly luetic character. What the above-mentioned investigators did with reference to apes, Piorkowski, the Berlin bacteriologist, did with reference to horses. But instead of taking a chancre or gumma, as was done in most of the previous experiments, he took the blood of syphilitic patients and injected it into the jugular vein of the horse. The symptoms that the horse developed were typically those of lues: Swollen glands, a papular eruption and general alopecia. At the meeting of the Berlin Medical Society, before which Dr. Piorkowski made his first report, objections were made to the effect that "foreign blood might by itself produce such effects as were noticed on Dr.

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Piorkowski's horse. To meet this not entirely invalid objection, Dr. Piorkowski injected some blood from the first horse into a second horse, and this second horse developed the same typical symptoms, perhaps even more pronounced than in the first. I was accorded the privilege of examining the horses and I have done so carefully. I have gone thru their bodies, I felt the enormously swollen submaxillary and other glands, the papular eruption on the trunk and flanks, I pulled the easily falling hair and while I will not be rash enough to declare that those horses are suffering with the same disease that in the human race is known to us by the name syphilis, I will say that if human beings were presented to me and they showed the same symptoms as those horses do, I would unhesitatingly declare them to be syphilitic. I might add that the first horse was also examined by Dr. Schütz, a high authority in veterinary medicine, and his assistant, and they declared that they had never before seen such an exanthema on a horse. On the whole we are justified in assuming that the eruptions and other symptoms in the horses are due to the syphilitic virus of the human blood. Whether these important experiments will be followed in the future by a therapeutically active anti-syphilitic serum, remains to be seen. As I have said more than once, with the exception of anti-diphtheritic serum, I am very skeptical as to the curative value of the various sera. But we must keep our mind free from bias and prejudice. Who knows what the future may bring us? Quien sabe?

The recent investigations of John Siegel, formerly of Munich, now of Berlin, are also attracting considerable attention. His studies have been conducted in the University Zoological Institute, and his results have been published by the Royal Academy of Sciences. He claims to have discovered the etiologic factors of smallpox, scarlet fever, mouth and foot disease, and what is of more interest to us in this connection, of syphilis. These bodies to which Siegel has given the name Cytorhyctes, belong to the class of protozoa, and he has demonstrated their presence in numerous microscopic preparations. To me the preparations are not convincing and the attitude of the scientific medical portion of Berlin is rather skeptical. At any rate it is interesting to note that in his latest publication (*Medizin.Klinik*, April 9) Siegel states that he excised and examined a papuli from Dr. Piorkowski's second horse and found therein his characteristic protozoa, the *cytorhyctes luis*.

P. S. In the *Medizinische Klinik* of to-day (April 16), Dr. Walter Schulze, of the Berlin University Zoological Institute, reports the successful inoculation of nineteen rabbits with syphilitic material. The inoculation took place in the iris. Several of the rabbits died and a microscopic examination of the blood, kidney or spleen showed the presence of the syphilitic parasite, the cytorhyctes luis, in every case.

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AN EVENING WITH ERNST HAECKEL.

Unquestionably the three greatest men of the second half of the 19th century, the three men who have exerted and will continue to exert for a long time to come the profoundest influence on the thought-movement of mankind, are Charles Darwin, Herbert Spencer and Ernst Haeckel. If you wish to make a quintet, you may add the names of Huxley and Virchow. Of those five great immortals only one is alive to-day—Ernst Haeckel. And the evening of April 15, 1905, on which I first had the privilege and good fortune of shaking hands with this genial genius, will forever remain a cherished memory. Tall, broad, well-knit, with a bronzed face—bearing a striking resemblance to a composite of Walt Whitman and Abraham Jacobi—and long white hair, he presents a striking appearance. His movements are quick, strong and energetic and he bears his seventy odd years exceedingly well. He comes from long lived stock and is good—let us hope—for another twenty years at least. Like all true great men, he is very simple and modest and his clothes bear the same characteristics. ("His trousers need pressing badly," whispered Mrs. R., who is inclined to be flippant at times). He forgot that evening that he was the greatest living savant and was full of jokes and stories. He told us that the anecdote about him, that when he was practicing medicine he made his office hour from 6 to 7 a. m. (so as not to be interrupted in his studies by patients) was not an anecdote but a fact. He got, however, three patients in 65 days. Then he took off his shingle which he had only put out to please his parents. He was very pleased when I told him that his "Riddle of the Universe" was one of the most widely read and most widely discussed books in America. I am not an autograph fiend but I was determined to have Haeckel's autograph and he graciously gave it to me on his large and most beautiful work, Die Kunstformen der Natur.

The Commers which was given in Haeckel's honor, very appropriately in the Zoological Garden, was a most enjoyable affair. The glasses were refilled frequently, the speeches were interesting and the songs—special for the occasion—were full of wit and humor. And when the thousand-voice strong chorus shouted the verse: Vivat homo sapiens Haeckel, homo sapientissimus, the seventy thousand animals in the Garden roared back approval. At the Singing Academy where Haeckel delivered his lecture, there was not a vacant seat left. The requests for a repetition of the lecture were so numerous that Haeckel consented and even during the second time many people were disappointed, as every ticket was sold ahead of time. He demonstrated his lecture, which was on the great subject of evolution, with charts and made everything so plain, that one could not help feeling convinced that we are first cousins of the ape. Which with some people, by the way, is so self apparent that it requires no proofs.

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EXTRAGENITAL CHANCRE.

Dr. C. M. Williams (Med. Rec. vol 67, No. 8) reports four well authenticated cases of chancre of the lips—one of the patients being a female, the other three males. None of the patients could throw any light on the history or method of contagion and none was aware that he suffered with a highly contagious disease. All cases yielded to specific treatment. In one case the chancre lasted and was unrecognized as such for about six months' and not until the patient consulted a second physician was the correct diagnosis made. As the author well says, during all that time every drinking utensil, every fork or spoon he used, every pipe he smoked, every towel he used upon his face, every barber shop he visited, became a possible means of the spread of the disease. We may never know how many innocent people were infected by this one man, himself unconscious of the danger. The author concludes by saying that instances like the above make us wonder not that extragenital infection should sometimes occur, but that it is not even more common [and in this statement the editor fully concurs, only he believes that the cases *are* much more common than is generally recognized; many are not reported because not correctly diagnosed. At Lassar's clinic he recently saw four cases of extragenital chancre in as many days: three on the lips, one on the tonsil. The tonsillar chancre was treated for a long time as simple tonsilitis.]

WHEN TO APPLY LASSAR'S PASTE.

Lassar's paste is an excellent combination, but we must know at what stage or to what variety of eczema to apply it. Applied at the wrong stage, it is apt to do very much harm. Apply a layer of the paste and dust over with some powder (talcum or starch). If after a few hours the dry layer of paste adheres nicely and uniformly, it may be employed further. It shows that the eczema is now in the dry stage; if, however, it is raised from the surface by exudation, the paste is most decidedly contraindicated. .

A NEW DELICATE TEST FOR SUGAR IN URINE.

Put into a test tube 1 c.c. of urine and 10 c.c. of water, add a small quantity of phenylhydrozin oxalate, boil until dissolved, then add 10 c.c. of a 10% solution of potassium hydroxide. After shaking once or twice, a red violet color makes its appearance. This test is so sensitive that it will detect sugar if present only to the amount of 1-20 of 1 per cent. The presence of albumin does not interfere with the results. This is known as Riegler's test.

The theoretical demand of only one remedy in a prescription looks well on a platform, as the ornamental trimming of an impressive address to the young, but gives one but a poor show at the bedside.—*A. Jacobi.*

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When you do hit, hit hard and be merciful to the conquered.

THE BATTLEFIELD

To fight fraud and falsehood, to expose humbug and knavery, to prick the bubbler of sham and hypocrisy — what pleasanter, what nobler occupation for leisure.

A Change in the Fakirs' Mode of Warfare.

The big frauds and fakirs have become convinced that the blows of the CRITIC AND GUIDE, tho' delivered playfully and with ease, fall with tremendous force. Wherever the CRITIC AND GUIDE lash hits, a smarting wheal remains. One journal, for instance, was killed outright by the exposure of the CRITIC AND GUIDE, the big St. Louis fake was forced to remove its patent medicine puffs from its editorial pages, the sale of several fake products was cut into two, so that the firms in a frantic endeavor to avoid further losses are obliged to double their advertising space, flood the country with circulars, "literature" and pasquills—letters, etc., etc.—these are but a few instances of our work. Their blows at the CRITIC AND GUIDE are parried every time. They, i. e., the big frauds and fakirs, have, therefore, held a council of war and have decided that it would be cheaper, more convenient and more *comfortable* to hide their personalities and to have some hirelings fight their battles, and so they have recently got possession of some journals—either thru outright purchase or thru subsidy—whose mission it is henceforth to attack the CRITIC AND GUIDE, and incidentally everything else that is good, honest and ethical in medicine.

But what journals are they? Publications of the lowest class, issued by men of the lowest class—ignoramuses, alcoholists, morphinists—creatures ready and eager to sell the small remnant of their soul for a ten dollar bill, creatures so poor financially and morally that they have nothing more to lose. They print anything that is sent to them by their supporters without even examining the stuff. They have got to. Those pitiable "editors" are not even the *demi-monde*, they are the street-walkers of medical journalism. And as I have now thus christened you, so let that name stick! Street-walkers of the medical press, ready to loan or sell yourselves to the first bidder without question or examination. . . Are you to be just pitied or also despised? Both!

* * *

Some so-called Editors and Professors.

In my classified Index of Fakes there are many subdivisions: Big fakes, little fakes, malicious fakes, harmless fakes and one hodge podge under the general title of small potatoes. The latter I generally leave alone; pity to waste time and ammunition. But once in a great while I must pull out a small potato and give it a public peeling. Little barking puppies must get a lash once in a

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while; otherwise they may get too fresh. There is another reason: Those little puppies must not, for honesty's sake, be permitted to continue their *paid* barking entirely unmolested. The occupation would become too attractive to every starving editorial puppy. . . .

There is a gentleman, G. Howard Thompson, by name, who says he is the editor of a publication called *The Regular Medical Tramp*, or *Visitor*, or something like that, I forget the exact title. Nor does it much matter; also, he says that he is professor of materia medica and experimental medicine in some kind of a college located in the great city of Fakes. This Dr. Thompson has been getting very naughty of late. He never attacked anybody before in his four-page publication, which was entirely innocent of any brains, talent or reading matter. Lately it has become a regular side-gutter to the Medical Grief. Now, Mr. Thompson, you are very ungrateful. Do you remember how for years during my editorship of Merck's *Archives* you have been pestering me with foolish questions, which a first-year student should have known and which I patiently answered until you became such a nuisance that I decided the best place for your queries would be the waste-basket? Do you remember that? And do you remember how particular you were to ask me to print only your initials in case I answered your quiries in the columns of the *Archives?* And is a man of such monumental knowledge (read: crass ignorance), as you displayed in your queries and letters, competent to edit a journal and be a "professor?" But competence aside, is it proper for a professor to show his cards so openly, to show to everybody, plainly too, I "will print anything you send in—for a consideration"? In your April issue you attack Dr. Taylor, of the *Medical World*, stating that you see no difference between his puffing "Politics in New Zealand," of which he is the publisher and writing an editorial on neurilla. How a "professor" can make such an ass of himself is beyond my comprehension. Do you mean to acknowledge that your cranium is so thick that you can see no difference between praising a good book and puffing a secret nostrum? Is it the same thing to write approving reviews of Osler's Practice, Appleton's Medical Dictionary, The International Clinics, Nothnagel's Encyclopedia, and writing puffs on Peruna, Neurilla, Phenalgin and Duffy's Malt Whisky? And you call yourself "professor," "editor!" In this case your comparison was particularly stupid, because, as everyone knows, Taylor published that book as an altruistic act. If he ever gets out the money the book cost him, he will be lucky. And let me add here, in parenthesis, that the book is an excellent one and no intelligent citizen can afford not to read it (mark ye, Dr. Thompson, I said, "intelligent." *You* needn't read it).

By the way, you call yourself Prof. of experimental medicine. Have you ever made a single investigation, a single experiment,

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have you ever published a single line in a scientific publication? So why carry such a high-faluting title, which is utterly unbecoming to you? Verily, when you compare the professors at the German and French Universities with *some* of the professors of our Western and Southern colleges, you cannot help feeling sick at your stomach.

Yea, some editors there be who throw discredit on American medical journalism and some professors there be who disgrace American medical science.

* * *

Syrup of Figs.

Dear Doctor Robinson: I am very much interested in your definition of ethical advertising. You say it is ethical for a firm to advertise when they advertise to doctors only, and do not advertise for the laity. Well, suppose I accept that definition. What about Syrup of Figs? You are advertising Syrup of Figs. Now, I suppose you would reply that the Syrup of Figs is advertised to the doctors in the medical journals, and that these advertisers are ethical enough to tell what their stuff is composed of. Did you know that the Syrup of Figs also advertise in the newspapers to the laity? To be sure, Syrup of Fig advertisers do explain in their advertisements in medical journals that Syrup of Figs is composed mainly of senna, but they say nothing of senna when they advertise for the laity. I have before me a large advertisement in the newspaper of Syrup of Figs. Not one word about senna. The whole intimation is that the stuff is made of syrup of figs. The people think that they are getting figs. If they supposed that they were getting senna, they could easily buy some one of the hundred teas that are made of senna, or buy some senna leaves at the drug store. But, the fact is, they are deceived. They think they are getting figs when they are getting senna. To curry favor with the doctors, they pretend to tell in the medical journals what their stuff is. But this is only for the doctors. Now, it looks to me that this is a dishonest procedure. There is no syrup of figs in Syrup of Figs. Such a syrup would only expose their mixture to putrefactive changes and complicate matters terribly, without adding anything to its medicinal qualities or its agreeable qualities. Syrup of figs is used neither to disguise the taste of remedies nor as a remedy. It is a mere name, and every advertiser who advertises it is helping to foist upon the public a bald deception. I will tell you exactly where Syrup of Figs get their pull with the advertiser. They are good pay, and they consume large space. That is all there is to it. In all other particulars they are just like the other nostrum advertisers. Even worse, in some particulars, because they persisently make the claim that their remedy contains an ingredient of fig syrup, when this is not true. At any rate, they say nothing about senna when they are advertising to the

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laity, but use their senna trick as a sop to the profession. They get no returns from the medical journals in which they advertise. They do this to please the doctors and subsidize the medical press. They then turn themselves loose through the newspapers to recoup themselves for the expense of setting themselves straight with the doctors. That is the way I view it. What say you? Fraternally yours, C. S. CARR, M. D.

Editor *Medical Talk*.

Dear Dr. Carr: There is a good deal of truth in what you say, tho why you should have selected Syrup of Figs as a "terrifying example," when there are much worse preparations than that, I don't know. You know, Syrup of Figs is merely a laxative, and is advertised as such. It is not advertised as a cure for all ills, as for instance Peruna is. But leaving this aside, where in the name of Jupiter have you seen me advertise Syrup of Figs? Have you not read my editorial in which I chided the medical press for advertising that very preparation? I'll tell you what: You know the magnificent, monumental Quadriga of Victory, which surrounds the Brandenburg Gate in Berlin? You know the one which the French took away in 1808 and which was taken back by the Germans in 1814. Well, I'll remove it and have it placed on the top of the *Medical Talk* building in Columbus, if you can show that Syrup of Figs was ever advertised in the CRITIC AND GUIDE, in any shape or manner, directly or indirectly, secretly or openly. I am surprised to have you make a statement before making sure of your facts. It can certainly be very readily ascertained whether Syrup of Figs was ever advertised in the CRITIC AND GUIDE. or not.

THE TREATMENT OF SCABIES.

Dr. M. Hodara, who has had a large experience in the treatment of scabies, has found the best results from the following combination:

Lard, olive oil, of each ten drams, sulphur, betanaphtol, balsam of Peru, prepared chalk, of each 2 drams, essence of violets, a few drops. This ointment is rubbed into the entire body every evening during a week. No baths are taken during the treatment, only at its conclusion. This combination may also be employed in little children, but is then diluted with an equal weight of olive oil. Where the scabies is accompanied with impetigo, ecthyma, folliculitis, or severe eczematous irritation, the author uses the following combination:

Vaselin, glycerin, 5 drams. lanolin 15 drams, sulphur 5 drams, sugar, zinc oxide, 10 drams, menthol, 6 grs. This ointment is applied to the last named lesions, while the scabious portions of the skin are treated with the first named ointment. (Mon. und prak. Dermat, March, 15, '05).

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ETHICAL PHARMACY.

By A. L. Benedict, Buffalo, N. Y.

This article is written in reply to a very courteous criticism of my former one on the same subject, which was reprinted in the January, 1905, issue of the CRITIC AND GUIDE. My critic, Mr. A. Bancroft Wilcox Firmin, presents a very interesting consideration of the same subject, but from the pharmacist's standpoint, in the March issue. Mr. Firmin and I do not altogether agree, but wherever we disagree, we do so in a friendly way and, doubtless, we should be very good friends indeed if we could meet face to face.

It should be remembered that my paper was primarily intended for a comparatively small audience, the American Academy of Medicine. However, any published article is subject to quotation and criticism and when one man's ideas are worn down by attrition against other men's they become a good deal more polished and lose much of their original crudity.

Mr. Firmin and I are not very far apart on the necessity of combining business and professional methods. Neither of us is or ought to be working for his own health, but for that of the community and for our own financial welfare. In regard to the extra-professional departments of a drug store, I must confess to be influenced by the habits of my own profession. That is to say, the physician's ideal of any other profession is that it should be just as strictly limited as his own. It strikes him as unnatural that a lawyer should conduct a real estate agency or that a pharmacist should conduct various agencies and sell soft drinks, candy, stationery, etc. It is difficult for him to realize that it is not necessary for the lawyer to be studying law in every spare moment or that the druggist can manage a store of many departments and still keep in practice in regard to pharmacy. Yet, when in Europe, I have often wished for the many sided conveniences of an American drug store and I know from actual experience that a good and competent pharmacist can conduct the varied industries which he commonly does.

While, therefore, the ordinary drug store with its many phases is not what the physician would describe as an ideal pharmacy, there is no objection to these various industries in themselves.

I am willing, however, to stand whatever criticism may come to me on the following propositions:

1. The drug store should not display either goods or advertisements which can shock any one's modesty—always excepting the prudes—nor which tend to raise prurient and immodest thoughts in the young. It is always a question where to draw the line between modesty and prudishness. Personally, I believe that catheters, vaginal and rectal syringes, catamenial pads, gonorrhoea syringes, etc., should be kept out of sight. Any one of common sense knows that such goods can be bought at a drug

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store and it is no more necessary for the druggist to display them than for the doctor to make a similar display or to leave his books on gynaecology, obstetrics and venereal disease in the waiting room.

2. Unless the druggist is willing to cut loose entirely from the medical profession, and dispense with dispensing physicians' prescriptions, he has no right to sell or display advertisements of quack medicines. This is my theory. In practice, I send prescriptions to many druggists who do sell quack medicines and who make this part of their business a good deal more prominent than compounding prescriptions. This, I do, partly because I can't help myself, partly because many of my personal friends among pharmacists assure me that they can't help themselves either. Deep down in my heart, however, I have the feeling that it would be no harder for the pharmacist to suffer some loss of trade because he should refuse to deal in quack medicines than it was for me to lose good families because I wouldn't do abortions, when I was a young man in general practice and actually suffered on account of the lack of various comforts. Just the other day, I met a Chicago druggist who told me of his struggle for the first year or two, because he would not, as a matter of principle, deal in patent medicines. Now he is getting rich, simply because he has succeeded in convincing the medical profession that he was in earnest.

3. The druggist should not prescribe nor sell active medicines. In my first article, I showed how hard it would be to draw a line if we grant that the druggist should go beyond soap and tooth powder and similar articles. My critic is in error in supposing that I would favor legislation on this subject, further than to carry out the spirit of existing laws. Legislation never made a man square that was crooked to begin with, and it would be impossible to frame a law that would not be unnecessarily rigid on the one hand or that would not countenance counter prescribing on the other. I have sometimes thought that it would be a good plan for the medical and pharmacal professions to get together and make out a list of simple cosmetics, harmless liniments, mild cathartics, etc., that patients might buy safely for themselves. It is easy to say that the druggist should never sell without a prescription, an arsenical cosmetic, nor a liniment containing any great amount of belladonna, nor croton oil, nor calomel, unless for a single treatment. But it is impossible by legislation, joint agreement or any other way, to lay down a hard and fast rule. Mr. Firmin points out the ridiculousness of an objection on the part of the medical profession to the sale of porous plasters and, in a general way, I agree with him, but the matter is very far from humorous when a physician is called to a case of pneumonia or inflammation of the appendix, or gastric ulcer on the third or fourth day and finds that the greater or less degree of comfort

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secured by the plaster has postponed the summoning of medical advice, until he has to deal with a neglected and, perhaps, fatal case. Neither is it pleasant to contemplate a non-fatal but practically incurable case of neuritis that has temporized with plasters, liniments and coal-tar antipyretics or soothing syrups, pain killers, etc. Even constipation may be a symptom of very dangerous acute intestinal conditions and, without regard to such cases, the man who sends to the drug store every few days for salts, Seidlitz powders, liver pills, etc., is very much worse off than one who promptly seeks expert medical advice and tries to have the trouble radically relieved. Yet it would be unreasonable to hold that the druggist should never sell the simplest laxative for a purely transient constipation.

My article certainly did not imply that the ideality of an ideal pharmacy consisted in its being in a professional office building—although this is a convenient place for it, on the same principle that a railroad station is a convenient place for a ticket office—and the one that I described did not have either the boy with brass buttons, nor uniformed nurses, nor did the pharmacist wear a skull cap, as so picturesquely imagined by my critic. Neither was it ideal simply because it was unpretentious and comparatively small. It was ideal in the sense that anything is ideal in spite of obstacles.—*It was what it purported to be.*

I do not wish to seem discourteous to the pharmacal profession. It certainly is not so to hold that selling soda water and acting as an agent for the post office, express companies and the laundries, are entirely outside the pharmacist's true province, however profitable for him and convenient for the public, and however unobjectionable. It is no mean estimate of his dignity to hold that he should be free from the contamination of the quack medicine business which takes life and health, evades the law and kills by substitution of ready made and usually inappropriate means for the accurately chosen means of combatting disease and which most emphatically does not compete with the medical profession but which multiplies the need for the services of regular physicians.

In a sense, it is discourteous to say that the druggist is incompetent to prescribe for the sick. But it is just such a discourtesy as would be shown me, and rightly, if I essayed to practice law, or to take command of a regiment of the National Guard, or to play the piano, or to fill a tooth, or to do anything else requiring training which I had not had. The law, voicing the opinion of the people, and, in particular, the judgment of those who have made the most thorough practical study of the problem, says explicitly that if a man wants to practice medicine, he must pursue a certain, quite definite, course of preparation. It is simply a matter of fact that the pharmacal course does not conform with these requirements and there is no reason why it should. One of

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the facts that has to be drilled into the medical student is that what the patient feels is not a good criterion as to what disease he has, and that the existence of a symptom does not necessarily nor solely call for the removal of that symptom. On the contrary, a diagnosis has to be made after careful study, depending upon various applied scientific methods and the most careful discrimination must be made among methods of relief. The essential danger, either of a patent medicine, or of a drug, however official, prescribed without careful examination and consideration, is not acute poisoning, but lack of direction to the principal condition. However simple a case may seem, looked at across the counter, it may be very complicated and serious. Of course, the physician may look at the case just as superficially and may prescribe with no greater skill. This cannot be helped in any particular case but the tendency is to correct such practice of medicine by competition, and by legislation largely initiated by the medical profession.

There is no essential discourtesy nor unfairness in holding that the pharmacist must not practice medicine, in other words, diagnose and suggest remedies for disease. A man may comply with the law regarding the practice of pharmacy or of medicine, or of both, if he wishes. If he decides to practice pharmacy and prepares himself for such practice, he has no more secured the right to practice medicine than a man secures the right to travel from Buffalo to New York by buying a railroad ticket to Boston. In fact, the roads to pharmacy and to medicine lie together for a much less proportionate space than do those from Buffalo to New York and to Boston.

With most of the last three paragraphs of Mr. Firmin's article, I am in hearty sympathy, but there are a few points of disagreement: For instance, his protest against the widely entertained assumption that because we are handling proprietary articles that our professional ability in the laboratory and the prescription counter is impaired," misses the view-point of my article altogether. I take it that we both mean the same thing by proprietary articles, namely, quack medicines, for no broad minded physician objects to ethical proprietary preparations. Granted that the druggist who sells patent medicines is perfectly competent as a compounder of drugs, there is still a very serious objection to him. I might take a labor case without impairing my ability to treat a gastric ulcer, or I might do an abortion without in the least interfering with my ability to introduce a stomach tube, but in the one case I commit a breach of faith as a specialist, and in the other, a moral wrong, which will necessarily prejudice the general practitioner against sending cases to me if he can get along without doing so. I have always regarded the pharmacist as a specialist in medicine, doing that kind of medical work for which he has prepared himself; namely, the preparation of drugs. But my

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critic protests "against those who would limit our activities to the compounding of preparations designed by others." Now, with all due respect, and with certain qualifications, this limitation is exactly that which has given rise to pharmacy as a profession. Of course, we expect that pharmacists shall have a broad knowledge of materia medica and pharmacognosy. Some will teach, some will devote their attention to botany, others to animal therapy, others will prepare rather than dispense drugs, others will limit themselves to chemistry, but, as a profession, the essential end and object is just what my critic protests against. If pharmacists as a class object to compounding at the direction of the medical profession, then let the law require every pharmacist to become a physician and every physician will then be compelled to become a pharmacist and we shall have gone backward two hundred years against the evolution by specialization of both professions.

[Written for the CRITIC and GUIDE.]

IS THE PHYSICIAN SNUBBED?

By Louis Buckle, Ph. G., M. D., New York.

"Not all that is gold is yellow." Not every ring of the doctor's bell brings in a patient. This you all know. A goodly number of such non-patient rings bring in the man who introduces himself, in a most gentle and urbane manner, as "I am representing So & So." The physician sees before him, in most cases, a well-dressed gentleman, cleanly shaven or bearded, with or without a satchel, good or bad looking, fat or emaciated, stout or thin, robust or pale, with blue, black, grey, brown, or any other color of eyes; who, in all cases, possesses a smooth glib tongue and readily and rapidly unwinds himself. He looks wise, and speaks in loud, authoritative and convincing tones, pointing out to the physician the nature of his preparation, its chemical composition, if it has any, its physiological action, dose and therapeutic uses. He holds out a sample of his preparation with some literature, and, handing it to the doctor, he is ready to make his exit. Whether he represents some well-known, meritorious, chemical or pharmaceutical firm whose preparations are ethical and worthy, or, he introduces some new therapeutic wonder whose chief ingredient, perhaps, is the alkaloid humbugine, extracted from the plant known to nobody as fakenia; belonging to the natural order fakeniaceæ, and manufactured by some unknown, fictitious, newly organized fake company; whether he bestows on the profession some safe hypnotic, powerful diuretic, useful sudorific, or he levies on them such a wonderful antiseptic preparation which could not kill a single Essex street tenement house bacillus or coccus, even when immersed in a whole liter of it, he, nevertheless, speaks in the same loud, authoritative and convincing manner.

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But it is not my intention here to draw a sharp line of demarkation between the one introducing an ethical and useful preparation and the other representing some fake concern; between the man spreading some already acknowledged valuable therapeutic agents and the one trying to increase the already long list of unknown, unpopular, unethical and uncalled-for chemical and pharmaceutical products. They are both trying to make a living. They are both doing their duty as best they can; and both carry out their orders, from "higher up," to the highest point of their capacity. And, if anybody were to be blamed of knowingly and willingly burdening the medical profession with "harmless" but also useless preparations, common sense would quickly and unhesitatingly point its finger. not down to the representative, but higher up to the manufacturer. What I do wish to arrive at is this very delicate question: Whether the gentlemen representing prominent ethical manufacturers, as well as those working for fake concerns, do not, in the course of presenting their articles, snub the physician? This is a very peculiar question and needs further explanation before it may become crystal clear.

Let me now illustrate what I mean by first citing an example in order to prepare the way for an analogy to best bring out the point to its logical conclusion. Here, for instance, is the surgeon with his scalpel, scissors, hemostatic forceps, blunt hook, retractor, grooved director, needles, etc., etc., performing gastroenterostomy, herniotomy, oöphorectomy, hysterectomy, or any other operation. Now, imagine that some agent of surgical instruments comes along to this surgeon and shows him a scalpel, retractor, or any other surgical instrument pointing out in what operations he can use one or the other, would not our surgeon think the man too naive or too snobbish? Why, the idea of a man coming to him, a professional and experienced surgeon, and instructing him in what operations to use the scalpel or retractor! Ridiculous, naive, snobbish! Turn now to the physician, also a professional man, who made a study of the various drugs and who is as familiar with their therapeutic uses as is the surgeon with the application of his instruments. Now imagine some agent of some pharmaceutical or clinical company coming down to him holding out a sample, say, of some iron preparation and instrucitng the doctor that he can use it in anemia, chlorosis, malaria, etc., etc. Is not this, also, as in the case of the surgeon, ridiculous, naive and snobbish? Yet, nine times out of ten, the agent, invariably, administers this undesirable instruction to the physician. Furthermore, the literature accompanying the sample, also repeats its therapeutic uses, even though it contains, as the principal ingredient, such familiar substances as quinine, pepsin, arsenic, strychnine, etc. Is not this a tacit assumption that the manufacturer underestimates the knowledge of the physician of the therapeutic uses of even the most ordinary drugs? Assuming, even,

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that there are some doctors who, because of being too busy or too negligent to relearn every once in a great while their materia medica and therapeutics, do really sometimes forget the uses of even some very familiar drugs, but, this does not justify the slighting of the entire medical profession.

Would it not be more ethical for the introducer of a preparation, old or new, to the physician to simply state its chief ingredient or ingredients, and amount of each in a given quantity of the product, with such other information as to the vehicle, taste, etc., leaving out altogether its therapeutic uses? If the preparation will contain some of the ordinary official or even non-official drugs the physician will, without anybody's assistance, make up his mind in what morbid conditions to use the preparation.

Unless it be some new chemical of the meta-iodo-oxy-quinoline-sulphoric acid type and christened with such a strange name that even the people inhabitating Mars never heard of it, or some preparation containing the essential principles of some vegetation of the tertiary period or stone age, then, of course, instruction to the physician becomes essential, not only as to their therapeutic uses, but to everything else touching on, and appertaining to them, But only then, and then only.

Of course, it is very possible that the manufacturer, being entirely absorbed in the business part of his preparation, never thinks that his agent or literature carrying, seemingly, useful instructions to the doctor, may also carry a bit of snub with it. But if so, the discussion of this subject becomes all the more interesting as it may arouse the manufacturer to give this delicate question just a little of his attention.

When this question first arose in my mind and before I thought of giving it expression, in order to convince myself whether there are any other physicians who ever gave it a thought, I determined to bring up the matter before several practitioners. Of the five doctors thus approached, two expressed themselves as having previously thought of it; one remarked smilingly, "No, I am innocent of ever having been able to make a snub out of it; but I begin to see it now." Another interjected: "Oh, yes, and what a snub!" The last of the five, a very narrow-calibered doctor, one who seems to be afraid to use his grey matter on anything which does not directly bear some relation to his financial success; whose only thoughts are, ever and anon, how to make money, said: "Well, I do not give a ——!"

From this little canvass it may be inferred that, in all probability, there are numerous physicians who would answer this question in the affirmative. It is this inference which lends additional importance to the matter before us and justifies its discussion without attempting an apology.

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THE WORK IS BEARING FRUIT.

The ceaseless agitation which the CRITIC AND GUIDE has been carrying on from the very day of its foundation, for decent, non-secret medicinal products, for the elimination of the bastard patent medicine frauds, for discrimination between the true and the false, the honest and dishonest, the valuable and the worthless, is bearing fruit, glorious fruit. Relief is in sight sooner than we expected; not sooner, of course, than we wished and prayed for. The frauds may sneer at the Council on Pharmacy and Chemistry created by the trustees of the American Medical Association; I consider it one of the most important events in our movement for honest pharmacy and exact therapeutics. I have no doubt that it will do some good and useful work and work that the fakirs will not be able to misrepresent. They can calumniate and blackguard, impugn the ability and misrepresent the motives of one man; they cannot very well do it with a council of fifteen representative men. And, oh, how glad will the Editor feel on the day when he will be able to transfer that part of his work into abler and mightier hands! For he confesses that sometimes he feels as if he were bringing rather too many sacrifices—sacrifices of time, comfort and money—in the pursuit of this costly and altruistic work of fighting the fakirs. I am not yet rich enuf to allow myself this double-edged, sour-sweet, pleasure indefinitely.

As I consider the subject of great importance, I reprint in this issue the preliminary announcement of the Council, as well as Dr. Simmon's editorial on the subject. I would also advise you, in this connection, to read the editorial: Where Should We Draw the Line? in the CRITIC AND GUIDE for February, 1904.

The Secret Nostrum vs. the Ethical Proprietary Preparation.

For years the proprietary medicine question has been a perplexing problem for physicians, and as the articles of this class increase in number, the question becomes more vexed and more serious, and its solution more urgent. In taking up the subject, it may be stated at the outset that there is no more serious objection to a proprietary medicine *per se* (i. e., one protected by a copyright or by a trade-mark) than to one that is protected by a patent; for example, one of the synthetic chemicals.

Technically, there is no difference between the proprietary medicines manufactured for physicians' use and the "patent medicines" exploited to the public, both being protected simply through copyright or trade-mark names. Yet the relation of the physician to these preparations is very different; about the latter he has little direct concern, save that he regrets that our laws permit the foisting on a suffering and unsuspecting public of preparations that are usually dangerous and always irrational. In the former he is directly and intensely interested, for they compose a part of the armamentarium which he is expected to use. On them he

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often has to depend, or at least does depend, consequently on them rest his success and the health, sometimes the lives, of those who place themselves in his care. In theory, they reflect the advance made in pharmaceutical science; in fact, if we take the greater number of them as our criterion, they discredit pharmaceutical science, for the character of this greater number is such that they are creditable neither to those who make them nor to those who use them.

At first, these preparations were introduced under pharmaceutical or descriptive names; they were of well-known composition, represented elegant preparations of standard formulæ, and were manufactured by pharmaceutical houses which took pride in their products. These preparations the physician welcomed as an advance in pharmacy, and he gladly specified in his prescriptions the name of the manufacturer whose product he desired.

Such were the original prescriptions for elixirs, syrups, pills, etc., of the manufacturing pharmacists. Some thirty years ago, however, there appeared, one by one, preparations bearing coined names, protected from imitation by copyright or trade-mark, with formulæ more or less mysterious and fictitious—in other words, secret. By making extravagant claims and by persistant exploitation in various ways, the manufacturers induced physicians to use them, and as they were usually the simplest kind of mixtures, requiring little, if any, machinery or skill in their compounding, and being composed of inexpensive drugs, the profits were large. Thus the field for commercial enterprise became an enticing one. The manufacturer might be an individual with no pharmaceutical knowledge and with his identity hidden under the anonymous name of some chemical company; thus, the better to impose on the credulous doctor, he combined the secrecy of his preparation with the mystery surrounding its manufacturer. With their fancy therapeutic or disease-suggesting names and with extravagant claims regarding their therapeutic value, these medicines appealed to a certain class of doctors; they were convenient, palatable, and, at least, satisfactory placebos. Further, they saved the doctor the trouble of writing a full prescription. It was not long, however, after these preparations became popular with the physician before they became popular in the true sense. The fancy, catchy names which caught the physician caught the layman as well, and the latter, finding not only full directions for use, but the names of the diseases in which the remedies were indicated, naturally bought them in preference to the so-called "patent medicines," for were these remedies not endorsed by the "faculty," and had they not testimonials from "the most prominent physicians!" Thus the physician became the unpaid peddler of secret nostrums; thus he encouraged his patient to prescribe for himself, and thus, as the secret nostrum manufacturer became richer, the physician became poorer.

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All proprietary medicines, however, must not be classed as secret nostrums. While a few reputable manufacturing pharmacists have not been able to resist the temptation to sacrifice their good names by manufacturing and by exploiting preparations that are nothing more nor less than secret nostrums, and while so many physicians seem to be content to use such preparations, there are plenty of honestly made and ethically exploited proprietary preparations that are therapeutically valuable, and that are worthy of the patronage of the best physicians. In spite of all with which it has had to contend, the science of pharmacy in America is progressing, and is still leading the world. But how is the physician to separate these preparations which are ethical from those which are not? He is not supposed to be a chemist or a pharmacist, and if he were, he has neither time nor inclination to examine all the products he is asked to prescribe, or to inquire into the standing of those who exploit them. The number has become so great that to attempt to separate the good from the bad is bewildering, and no one individual is courageous enough to try. The result of it all is that the educated, thinking physician—he who is honest with himself and with his patient—refuses to prescribe any proprietary mixture; he classes all as secret nostrums, and lets it go at that. What else can he do?

For many years the separation of the legitimate chemical and pharmaceutical preparations from those which we choose to call secret nostrums has been a difficult task for those conducting medical journals, whose advertising pages it was desired to keep free from unethical advertisements. The Board of Trustees of the American Medical Association has found the question most difficult of solution, and it has been before the board at nearly every meeting for many years. Ten years ago the board formulated certain rules, the basis of which was that the formula should be published; this, however, has proved very unsatisfactory. No manufacturer would furnish a working formula, and yet, without this, it is impracticable, except in very few instances, to verify the statements made regarding the composition of an article. Consequently, the claims made by the manufacturers had to be accepted, which means that the personal equation had to be considered in giving a decision, and this is not always a safe basis for sound judgment. It has long been recognized by those who have given thought to the question that a secret nostrum can not be changed into an ethical preparation by attaching to it an incomplete formula; further, the problem is too complex to be solved so easily.

Five years ago we published a series of articles on "The Relation of Pharmacy to the Medical Profession." In these articles we discussed the problem in all its phases, the difficulties connected with the question were explained, and the fact was recognized that physicians can not distinguish between the prepara-

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tions that are worthy and those that are unworthy. The remedy suggested was a board of control, to be composed of pharmacists and chemists, which should pass on all medicines offered for insertion in the advertising pages of *The Journal.* Altho its execution was deferred, the idea has never been abandoned, but has been kept in view ever since.

One objection to the original idea was that the results would be negative, except in so far as they applied to the advertising question. The suggestion finally was made to broaden the scope of the proposed board by making its functions similar to those of the Committee on Revision of the United States Pharmacopeia; in other words, to have it take up the work where that committee leaves off, and to publish in book form a list descriptive of the preparations which conform to the required standard, but which are not official. For more than a year this idea has been under consideration and development. Opinions regarding its practicability were obtained from many of the leading pharmacists and chemists of the country. In a quiet way tests were made regarding the practical working of the proposed plan, as it affected certain phases of the question and certain articles, and full consideration was given to the results to be expected, as well as to the possibilities and to the limitations, before the Board of Trustees finally authorized the creation of the Council on Pharmacy and Chemistry, the name adopted rather than "board of control," as originally suggested.

It is expected that in the immediate future a corps of medical consultants will be formed, to be composed of physicians connected with the large hospitals in various parts of the country, who will make physiologic and therapeutic tests of such preparations as it may be necessary to submit to such investigation. It is also in contemplation to establish a chemical and drug laboratory in the American Medical Association building, to be placed in charge of a competent chemist, who will examine such preparations as may be found necessary.

Council on Pharmacy and Chemistry.

As the culmination of plans which have been under consideration for the past two years, the Board of Trustees at a meeting held February 3, 1905, created by resolution an advisory board to be known as the Council on Pharmacy and Chemistry of the American Medical Association. The organization of the council was perfected at Pittsburg, Pa., February 11, 1905, and it herewith presents the following statement:

PRELIMINARY ANNOUNCEMENT.

It is the immediate purpose of the council to examine into the composition and the status of the various medicinal preparations which are offered to physicians, and which are not included in the United States Pharmacopeia, or in other standard textbooks or formularies. These preparations will include the syn-

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thetic chemical compounds, as well as the so-called proprietaries and pharmaceutical specialties put out under trade-marked names. Preparations which conform to the standard established by the ten rules governing the matter, will be incorporated in "New and Non-Official Remedies," a book to be published by *The Journal of the American Medical Association.*

The general need of an accessible, authoritative work of reference of this character is obvious, for at present there is no such book to which the physician can refer. Its value will be proportional to its completeness. It is, therefore, proposed to be as liberal in approving articles for the book as is consistent with justice and equity to the public, to the manufacturing pharmacist and chemist and to the physician. The acceptance of articles will be determined by the appended rules, an examination of which will show that they are sufficiently liberal to permit the admission of all articles offered to the medical profession that are honestly made, ethically exploited, and worthy of patronage by intelligent physicians.

The acceptance of an article will be based on a careful and unprejudiced examination of the accessible information from all sources, and in compliance with the adopted rules. An acceptance, however, is not to be interpreted as an endorsement, neither is omission from the list to be construed, in every case, as condemning an article; it may mean that the necessary information has not been obtained. The council does not pass judgment on the therapeutic value, but on the ethical status only. The council does not presume to dictate what preparations should be prescribed; nor is it the present intention to conduct an active campaign against fraudulent products; but merely *to supply necessary and desirable information concerning those which it considers unobjectionable.*

The plan for the work is briefly as follows: All available information regarding a product will be secured from the manufacturer and from other sources. This information, together with specimens of the article, will be submitted to a committee of experts, who will examine critically into the product, consider the claims made for it, and make a report. On the basis of this report, the council will acept, reject or hold for further consideration. If accepted, the information will be condensed and arranged somewhat on the plan of the United States Pharmacopeia, but with the addition of brief pharmacologic and therapeutic data. The council believes that there are many articles, at present not recognized by the Pharmacopeia, which comply with the required standard and do not need any further investigation. In this class come many of the synthetics as well as many well-known pharmaceutical specialties. These are now being written up and it is proposed to issue the first edition of the book as soon as possible. No charge will be made for representation in the book.

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As fast as new articles are accepted, all information regarding them will be published in *The Journal of the American Medical Association*, and will be incorporated in the next edition of the book.

The council appreciates the importance and difficulties of the work to be undertaken and does not expect to take a step forward without being sure that it is right and just to all concerned. It does not dare to hope for perfect results and can only promise to strive earnestly, honestly and impartially to avoid serious errors of commission and omission. It asks for the hearty co-operation and assistance of those it believes to be interested in the work—the entire medical profession and all honorable manufacturing pharmacists and chemists. Criticisms and suggestions will be welcome.

RULES GOVERNING THE ADMISSION OF ARTICLES.

The following rules are adopted to guide the Council on Pharmacy and Chemistry of the American Medical Association:

(The term "article" shall mean any drug, chemical or preparation used in the treatment of disease.)

RULE 1.—No article will be admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article, be furnished for publication. (Sufficient information should be supplied to permit the council to verify the statements made regarding the article, and to determine its status from time to time.)

RULE 2.—No chemical compound will be admitted unless information be furnished regarding tests for identity, purity and strength, and, if a synthetic compound, the rational formula.

RULE 3.—No article that is advertised to the public will be admitted; but this rule will not apply to disinfectants, cosmetics, foods and mineral waters, except when advertised in an objectionable manner.

RULE 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to vaccines and antitoxins nor to advertising in medical journals, nor to literature distributed solely to physicians.)

RULE 5.—No article will be admitted or retained about which the manufacturer, or his agents, make false or misleading statements regarding the country of origin, raw material from which made, method of collection or preparation.

RULE 6.—No article will be admitted or retained about whose therapeutic value the manufacturer, or his agents, make unwarranted, exaggerated or misleading statements.

RULE 7.—Labels on articles containing "heroic" or "poisonous" substances should show the amounts of each of such ingredients in a given quantity of the product.

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RULE 8.—Every article should have a name or title indicative of its chemical composition or pharmaceutic character, in addition to its trade name, when such trade name is not sufficiently descriptive.

RULE 9.—If the name of an article is registered, or the label copyrighted, the date of registration should be furnished the council.

RULE 10.—If the article is patented—either process or product—the number and date of such patent or patents should be furnished. If patented in other countries, the name of each country in which patent is held should be supplied, together with the name under which the article is there registered.

EXPLANATORY COMMENTS ON THE RULES.

Rule 1.—Certainly no one can object to this rule. The physician not only has the right to know, but it is his duty to know, the composition of medicines he prescribes for his patients. He may not be interested in the details of the method or of the process of manufacture of an article, but he should know what medicinal agents it contains, and the amount represented in a given quantity of the article.

Only in exceptional instances is it necessary for the physician to know the solvent, vehicle or other diluent, or the particular flavoring agent which may have been employed. For this reason, while the council desires the formula and the details as to the method of preparation to be sufficiently complete to enable it to verify the correctness of the assertions made regarding an article, the description to be published will usually consist only of a statement of the amount of each medicinal agent or ingredient in a certain quantity—generally the ordinary dose—of the article, and in some instances the general character of the solvent or vehicle and flavors.

In preparations for external use, the therapeutic efficiency is greatly influenced by the nature of the vehicle. Therefore, in such preparations, the character of the vehicle or base should be stated, so that it may be known whether the article is penetrative or simply protective.

Rule 2.—In order to avoid errors in the case of chemical compounds and to guard against adulterations, lack of potency or strength and mistaking one chemical for another, it is necessary to have at hand suitable identity tests. Where these facts have appeared in the literature, or in standard text-books, reference to them will be sufficient, but with new chemicals, especially synthetics, the manufacturer or his representatives will be required to supply such tests to the council, together with the rational or structural formula, in order that an intelligent opinion of these products may be obtained.

Rule 3.—While the correctness of the principle that physicians

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can not be expected to favor any medicine which is exploited to the lay public will be readily conceded, this rule is to be modified in its application to articles not strictly medicinal.

Rule 4.—This rule may appear to some as radical, and yet on consideration it will be found just to the public, to the physician, to the manufacturing pharmacist and chemist, and also to the retail druggist. It must be remembered that it applies only to the package, and to the labels, circulars, etc., accompanying it. It does not in any way interfere with advertising, circulars, literature, etc., furnished to physicians. Experience has clearly shown, however, that it is not safe to enumerate on the package the diseases in which an article may be indicated, since this is also the means by which the laity, who are not competent to determine whether or not its employment is safe and proper, may be induced to continue its use or to recommend it to others quite regardless of the evident dangers of forming drug habits or of doing serious injury by employing a remedy that in reality may be contraindicated. It is the physician's prerogative to determine in what disease the article may be indicated, and he is not supposed to go to the drug store for his knowledge regarding this. It is not the function of the pharmacist to recommend or to prescribe medicines, but only to be familiar with their pharmaceutical and chemical characters, strength and dosage and with the best forms of administration.

It is asserted that the naming of diseases on the label of the package is necessary, because many physicians will be unable to tell from the therapeutic properties alone in what diseases a medicinal article may be indicated. This may be true *with a certain class of doctors,* but it certainly not true with the vast majority of the educated, progressive physicians of America, and this is the class whose interests are concerned in this movement. There may be some exceptional articles, such as foods, digestants and mineral waters, in which the therapeutic properties alone may not sufficiently indicate the use, and in these cases, perhaps, reference may be made to certain symptoms; if such references appear they will be carefully considered. Antitoxins and vaccines come under this exemption. The council, however, is unanimously of the opinion that this method of exploiting the medical profession is one of the principal causes which have made the best physicians hesitate to prescribe any proprietary medicines, have led others into irrational therapeutics, have made pharmaceutical tyros believe that they could prescribe just as well as the physicians, and have been the means of causing scores of these medicines to be used for self-medication by the laity, to the detriment and sometimes to the serious and permanent injury of the person taking them. The physician would prefer that the manufacturer confine himself to furnishing the articles and reasonable information regarding their identity, quality, strength and pharmaceutical and

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chemical character, leaving the physician to indicate in what diseases they should be used.

It is believed that the application of this rule will most quickly determine what manufacturers would rather have the preference and favor of the vast majority of the medical profession and of the members of the American Medical Association than the doubtful support of a rapidly disappearing minority of practitioners.

Ample time will be given manufacturers to conform to this rule, and also to Rule 8, entailing changes in labels or in other printed matter.

Rule 5.—While this is a rare contingency, yet in the past many rank frauds of this nature have been perpetrated on the profession, and this rule will have a tendency to prevent such attempts in the future.

Rule 6.—As in the preceding instance, this rule will have the tendency to restrict manufacturers or agents in their claims as to the therapeutic superiority of their products, without interfering with any reasonable assertions, especially when such are confined to clinical data from responsible medical men.

Rule 7.—For the information of the pharmacist or dispenser, and to enable him to act as a safeguard to the patient and to the physician, all medicinal articles containing such potent agents as the poisonous alkaloids and other organic substances and the salts of some of the metals, should have the exact amount of these ingredients contained in the average adult dose stated on the label. A list of these potent substances will be prepared for more specific information.

Rule 8.—In order to prevent the confusion now existing with reference to many articles known only by more or less arbitrarily selected or coined, usually protected, names, it is necessary that every article which is intended solely for physicians' use or prescription be designated by a scientific title or by a name descriptive of its pharmaceutical character, and, as far as practicable, of its principal medicinal constituents. Synthetic chemical products should give the true chemical constitutional or structural name, in addition to the trade name. The application of this rule will enable physicians to use many of these articles which at present they are afraid to use because of uncertainty as to the identity—owing to the similarity in the names of many of these entirely different products—or prefer not to prescribe in order to avoid criticism and the danger of self-prescription by their patients. This provision will thus be of great benefit to manufacturers of meritorious products, will relieve pharmacists of many trying situations in interpreting correctly the names of articles desired by physicians, and will protect both physicians and laity from the evils named. The council will use reasonable discretion in enforcing this rule with reference to trade names of long-established articles.

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Rules 9 and 10.—This information is desired to enable the council, and others interested, to determine the legal status of these articles and for ready reference through publication.

Practically to all of which the Editor says: "Amen!" he has said these things many times before, some of them almost in the identical language. Godspeed to your work!

LIQUOZONE.

DR. WM. J. ROBINSON, DEAR SIR:—Some time ago I noticed an article in your CRITIC AND GUIDE in which you denounced the Liquozone people. At the time I was somewhat skeptical about your statement that Liquozone is nothing more than a dilute solution of sulphurous acid (H_2SO_3). I did not think it possible that any company would dare foist upon the public any such deception as you claimed Liquozone to be. I purchased a bottle and set about analyzing it. As a result I can but substantiate your statements and commend your laudable effort to denounce such a fraud. Not only did the Liquozone discolor a permanganate of potash solution, a test conclusive of a reducing agent such as sulphurous acid is, but it was strong enuf to reduce metallic gold from a solution of gold chloride. If anyone doubts the statement that Liquozone is a fraud let him but heat a little in a test tube. The easily recognizable fumes of sulphur dioxide will soon convince him. This odor is somewhat disguised by the presence of some aromatic compound which I was unable to determine.

The clever advertising of the Liquozone people is worthy of a better cause. I noticed the other day that they will guarantee to pay anyone $5,000 if he or she can prove that Liquozone is not "derived from a gas." Clever advertising, is it not? Of course it is derived from a gas, and that gas, sulphur dioxide, is very cheaply prepared by burning sulphur in the air or decomposing a sulphite. A dash of an aromatic compound into the water solution of the sulphur dioxide and the Liquozone is ready for the market to be sold for $.50 and $1.00 a bottle. And the public clamor for it. The efficacy of sulphurous acid as a germicide and antiseptic is well known, but to sell it at such a fabulous price and to delude the public by the sale of "Liquid ozone" (an impossibility) is an outrage and should deserve reprimand by the law.

I only write this in the hope that you will publish it in your spirited paper, the only one which affords the means of exposing such frauds as these. Sincerely yours,

457 West 123rd St. ARTHUR E. HOWE, Chemist.

Dr. O. W. B.—Riga's disease is a term applied to a condition first described by Riga, of Naples, consisting in an ulceration of the frenum linguae. It occurs in children of both sexes, between the 6th and 18th month, very seldom at a later period. The ulcer is always *single*.

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By Wm. J. Robinson, Ph. G., M.D.

Oxycamphor. Oxaphor. An oxidation product of camphor. White crystalline powder, soluble in 50 p. of water, more so in hot water, very sol. in alcohol. ether, chloroform, etc. Slight peppery odor and taste. Favorably reported on as a sedative, especially in dyspnea of cardiac and renal origin.

Palmiacol. A solid guaiacol preparation in capsule form. Somewhat burning, cooling taste.

Palpebrine. A mixture said to consist of boric acid, zinc sulphate, corrosive sublimate, tincture of opium, glycerin and camphor water. As an external application, in conjunctivitis.

Pancreon. A preparation obtained by the action of tannic acid on pancreatin. Grayish-red odorless powder, claimed to possess strong tryptolytic, amylolytic and emulsifying properties. Its superiority over pancreatin lies in the fact that it is not acted upon by the gastric juice. (As is well known, pancreatin is claimed to lose its activity when in contact with the gastric secretion). Dose: 7½ grs. before or during meals.

Papain. Papayotin. The concentrated active principle obtained from the juice of Carica Papaya (Papaw). Whitish powder, slightly hygroscopic, soluble in water and glycerin. Digestive agent, said to exert its activity equally well in acid, alkaline or neutral media. Another indication for its use is in removing diphtheritic membrane. The dose internally is 2 to 5 grs. As an application to diphtheritic membranes it is used in 5% solution, the menstruum consisting of equal parts of glycerin and water.

Paraform. See Paraformaldehyde.

Paraformaldehyde. Trioxymethylene. Paraform. Triformal $(CH_2O)_3$. A polymeric form of formaldehyde. White crystalline powder, *insoluble* in water, alcohol or ether. Antiseptic and caustic. Chiefly used to generate formaldehyde gas by heating. The dose internally is 5 to 15 grs. To warts it is applied in a 10% mixture with collodion.

Paraform Collodion. Formula: Paraformaldehyde 2 parts, castor oil 1 p. and collodion 40 parts. For warts, etc.

Parietin. Synonym for Chrysophanic Acid.

Perdynamin. Animal iron albumen. (?)

Pegnin. A ferment combined with sugar of milk. A tablespoonful of pegnin to a liter of warm milk. Casein precipitates, but on shaking becomes distributed in very fine flakes.

Pelletierine Tannate. (Punicine Tannate). Pelletierine is a liquid alkaloid obtained from Pomagranate. The tannate, which is the salt most commonly used, is a grayish brown tasteless powder; hygroscopic. But very slightly soluble in water. Anthelmintic. Dose: 8 to 24 grs. followed in about 2 hours by a brisk saline cathartic. Has proved disappointing.

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Pellotine (Hydrochlorate.) An alkaloid obtained from a Mexican Cactus, Anhalonium Williamsi. Colorless crystals, soluble in water. Introduced about 5 years ago as a hypnotic. Was reported on favorably by 3 or 4 observers (Jolly of Berlin, Wilcox of New York, etc), but has not been heard of since.

Pental. Trimethylethylene. C_5H_{10}. Colorless inflammable liquid, odor somewhat of oil of mustard, insoluble in water, soluble in alcohol, chloroform or ether. Was recommended as an anesthetic (by inhalation) in minor operations.

Pepto-Mangan. A well known ferruginous tonic, consisting of the true peptonates of iron and manganese. Particularly indicated for women and children and is best administered in milk.

Perhydrol. Trade name for Merck's 30% peroxide of hydrogen.

Peronin. Benzyl morphine hydrochlorate. Morphine in which one hydrogen has been replaced by the benzyl radical. White powder, bitter taste, sol. in water, insol. alcohol. Substitute for morphine or codeine. Dose ⅛ to 1 gr. Has not found favor with the profession and its use at present is practically nil.

Persodine. A trade name applied to a combination of persulphates, chiefly sodium persulphate.

Pertussin. A mixture of fluid extract of thyme with syrup; represents about 10% strength. Recommended as a remedy in whooping cough in doses of ½ to ¾ tablespoonful.

Peru-Cognac. Perco. A solution of 1 part of Balsam of Peru in 39 parts of Cognac. In tuberculosis.

Petrosulfol. Austrian Ichthyol. A preparation made in Austria in imitation of ichthyol. Its odor is milder than that of ichthyol, but whether it is therapeutically equal, is not quite certain.

Phallokos. A syringe containing a 10% sol. of protargol; for the prophylaxis of gonorrhea.

Phenacetin. Para-acet-phenetidin. Para-oxyethyl-acetanilid. $C_6H_4—OC_2H_5—NH_3C_2H_3O$. It is well to become familiar with the chemical constitution of this substance, as it forms the basis, the nucleus of so-many other synthetic compounds. For instance, lactophenin, triphenin, citrophen, apolysin, phenocoll, kryofin, etc. etc., all have paraphenetidin as their nucleus. If we compare the formulæ of acetanilid aud phenacetin, their relationship will become apparent; the relationship is shown by one of the synonyms of phenacetin: it is oxyethyl acetanilid. White crystalline scales, odorless and tasteless. Practicaly insoluble in cold water, soluble in about 20 parts of alcohol. One of our most valuable synthetics. It is antipyretic, and antineuralgic. As an antineuralgic and as an analgestic in the headaches and muscular pains accompanying colds, catarrhs, influenza, etc., its value is very great. It is also one of the safest of the synthetic antipyretics, much more so than acetanilid or even antipyrin. Collapse is rare from it. Dose: 5 to 20 grs. It is well to prescribe it in conjunction with small doses of caffeine.

(To be Continude)

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214.—Tr. Ferri Chlor 3ij
Quin. Sulph. 3ss
Aquae Creosoti 3iv

The quinine will dissolve in the water by the aid of the acid present in the tincture of iron; but creosote with ferric salts produces a blue color, changing to a dirty green and brown, with a brown precipitate.

215.—Hydrarg. Chlor. Mitis
Natrii Chlorati } ..... āā 0.3
Pulv. Jalapae

Tal. Dos. No. Decem. S. Unum mane nocteque.

It is remarkable how sometimes a hasty statement made by an investigator after insufficient experimentation will gain circulation in the pharmaceutical press (and also in the medical), be quoted in the dispensaries, become incorporated in text-books, and gain credence as a well-established truth, without anybody taking the trouble to verify or disprove the statement. The above prescription is a case in point. For many years it had been held that to prescribe calomel and sodium chloride in the same powder meant death, or at least great bodily harm, to the patient, from the formation of corrosive sublimate. But is this so? The author believes the prescription is perfectly compatible, and that no corrosive sublimate is formed. In twenty-four consecutive experiments he could find no more than insignificant traces of $HgCl_2$, such as can also be found by triturating calomel by itself, or with water, or with some other inert substance like silica or kaolin. The author was among the first to establish this fact, and to teach his students to answer accordingly at examinations. The Latin signature means "one powder morning and night."

216.—Hydrarg. Chlor. Corros ..... gr. j
Potass. Iodidi 3ij
Ferri et Ammon. Citr. 3i
Tr. Nucis. Vom. 3ij
Tr. Cinchon. Compos. ..... ad ʒiv

In many prescriptions we are confronted with a condition of affairs similar to the one in which a physician is when he is face to face with an incurable malady. He knows the trouble, but can offer no remedy. In the above prescription we know exactly what the trouble is, but we know at the same time that there is no way of improving it. The sources of trouble or incompatibility in this prescription are numerous. First of all it is well to

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be aware that ammonio-ferric citrate, while rapidly and completely soluble in water, is insoluble in alcohol; and as compound tincture of cinchona is made with a menstruum consisting chiefly of alcohol, the salt will not dissolve. That is number one. Second, the corrosive sublimate and potassium iodide precipitate the alkaloids of both the cinchona and the nux vomica. Even if there were no nux vomica in the prescription, the precipitation of the cinchona alkaloids alone would make the mixture somewhat dangerous; because it is well to remember that when $HgCl_2$ + KI (iodohydrarygrate of potassium) precipitates an alkaloid, it becomes precipitated with it, in the form of a double salt. So that the mercury would be in the form of a precipitate, and the patient might get too much at one dose. A third cause of unsightliness would be the black, inky color, produced by the action of the tannic acid present in the cinchona, bitter orange-peel, etc., on the ferric salt. In short, looked at from whatever point of view, the above is a bad combination, and it is advisable to refuse to dispense it.

217.—Bism. Subnitrate } of each ..... ℥i
Liver of Sulphur }
Zinc Sulphate ..... gr. x
Lead Water ..... ℥i
Rose Water ..... ℥iij

A series of reactions will take place in this prescription. Zinc sulphate and lead water will produce a white precipitate of lead sulphate, and zinc acetate will remain in solution. The liver of sulphur, which among other things contains potassium sulphides (as explained in detail in another prescription), will produce zinc sulphide (which is white), and with the lead the black sulphide of lead. Some black bismuth sulphide will also be formed and there will also be a slight precipitation of sulphur.

218.—Ferri et Quin. Cit. Solubilis ..... ℥ij
Potass. Iodidi ..... ℥iv
Syr. Sarsap. Compos. ..... ℥ss
Aquae Menth. Pip. ..... ad ℥iv

The potassium iodide precipitates the quinine as quinine iodide; there is also a slight liberation of iodine, due to the fact that ferric salts, namely those having an acid reaction, decomposes potassium iodide with the liberation of iodine, while they become reduced to ferrous compounds.

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[SQUIB—A pithy comment on men or things—Dictionary.]

THE SQUIBBER.

Frank Homer, Ph. G. Pithy Comments on Things Pharmaceutical.

A CONSIDERATE OWL.—Good for the Owl Drug Company, of San Francisco, "cutters" if they be. They announced recently that they were giving the employees of all their stores one day off each week, besides fair wages, and by publicity intended that all their competitors should meet these conditions. We hear much these days of druggists getting fairer prices because of contract and schedule plans, but not much of any disposition to share increased profits with or render burdens lighter for their overworked clerks. The Owl says sagely that "employers throughout the country will soon recognize the fact that it is absolutely necessary to be considerate of their help in order to obtain the best service." Hope so!

VALUE IN TRADEMARK, NOT SECRET COMPOSITION.—"Why should the maker of any really meritorious secret medicine object to stating its exact composition?" asks Jas. W. T. Knox, who is the editor of Stearns' "The New Idea," and whose style of writing about anything is always clear, pungent, delightful. "It is highly probable that its sale will be helped rather than hurt by such action," Mr. Knox argues. "There are already well-known proprietary medicines of open composition, which have a very extensive sale. The commercial value of fast-selling secret medicines of real merit—and we must concede that there are such—lies not in the secret of their composition, but in the trade mark rights of their owners. It is the trade mark and not the secret of manufacture that is valuable."

"GOOD OLD GRANDMA'S HERBS" (?)—But we have an honest difference with Mr. Knox. He concludes with some remarks about many proprietors looking with alarm upon the day when the law shall put a stop to their nefarious business by compelling them to disclose that their disgraceful secret stuff contains low-grade whiskey, cocaine, morphine, etc. Not so fast, friend. When the proprietary gentlemen have been compelled to disclose their treasured formulas, we opine that—presto, chango!—no narcotics or alcoholic stimulants whatever will be shown, but only a truly wonderful variety of good old grandma's reliable herbs—which the most ambitious Ph. C. couldn't identify in their remedies in a lifetime of laboratory research!

ATTACK ON HOUSE ORGANS.—D. O. Haynes, publisher of the "Pharmaceutical Era," is campaigning zealously against what he terms "house organs" in the drug journal field. He says that the curse of the business is the great number of these organs put out by manufacturers and jobbers, and mentions as principal offend-

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ers Parke, Davis & Co. (Bulletin of Pharmacy), the Meyer Bros. Drug Co. (Meyer Bros. Druggist), and Merck & Co. (Merck's Report). With some thirty such blood-suckers in the drug journal field, he asks whether it is any wonder that there is not enough blood left to enable the independent publishers to give the trade first-class journals—able protectors, with special articles on original research, etc., and independent and reliable information. His remedy is to have the monies expended for subscriptions and advertisements concentrated among a half dozen good journals instead of being scattered over forty weaker ones.

Now, that's a cool proposition, worth considering in warm weather. It somehow or other, however, smacks of the wail of a loser. The Squibber imagines that the readers of the complained-of house organs are aware of their faults, as well as of some virtues thev possess not characteristic of the Era, else would the publisher of the latter not have to spread broadcast his plaint. Anyway, the screed of the latter would be worthy more attention if he could point to any particular period in his career as publisher when his periodical so far excelled the house organs mentioned—in any but strictly news features, in which the Era as a weekly concededly excels—as to make a contrast favorable to his proposition.

THE WAR IS ON.—The formation of the Council of Pharmacy and Chemistry of the American Medical Association, whose main purpose is to differentiate between proprietary medicinal preparations that conform to a certain standard and secret nostrums, was noted by the Squibber last month. He said something about journals preparing "to knock holes in the plan," and behold the process is now going on. Some medical journals of the higher order are stoutly upholding the plan, while others are gently knocking, under the prod of the adv. department. Still others are in open revolt. The publishers of the "New York Medical Journal" saw fit to send a circular letter to various proprietary houses and advertisers, exhorting them to hold on to their trade secrets and methods—a letter which the "Journal American Medical Association" promptly published as an example of its contemporary's backsliding, and now there's blood on the moon.

The drug journals vary all the way from the "Circulars" and "Era's" hearty indorsement, and the non-committal attitude of many, to the "National Druggist's" vicious attacks upon the plan —not unexpected, considering the environment of the latter organ, in St. Louis.

N. A. R. D. NOTES AN ALLY OF THE COUNCIL.—Perhaps the greatest source of strength that has come to the Council is the alliance with it of "N. A. R. D. Notes," with the big body of retail druggists behind it. Considering the big proprietary houses with which "N. A. R. D. Notes" is on intimate terms, the alliance was

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rather unexpected. "Notes" sees in the Council's plan a way to make the prescription department of drug stores pay better. It has drawn significant expressions from prominent retailers; for instance: Frank E. Falkenberg says "it is the greatest advance in scientific medicine and pharmacy in two decades." Albert E. Ebert says "the proposed reforms will set pharmacy ahead as nothing else can." Wm. Bodeman, the irrepressible, thinks "it is time for pharmacists and physicians to get out of the sucker class and refuse to be worked longer by the vodoo medicine man with a big laboratory and a bigger printing plant. The Pharmacopœia, National Formulary, and the A. M. A.'s new book of New and Non-Official Remedies ought to supply all legitimate wants."

N. Y. C. P. COMMENCEMENT.—The commencement exercises of the New York College of Pharmacy, on the evening of April 27, differed from their immediate predecessors chiefly in the absence of Prof. Chas F. Chandler, the degrees being conferred by the dapper Dr. Wm. Jay Schieffelin. There are those who connect Prof. Chandler's absence with his recent utterance on the Mann bill at Washington, arguing that his reflections on "these druggists for whom he had worked for nothing" had made him *persona non grata.* However, the exercises passed off smoothly, the graduates were surrounded with everything to make them proud and happy, and the audience was treated to the usual entertaining and impressive ceremonies—to say nothing of the "strains" of music and oratory.

PRESCRIPTION TRADE.—"Around the Table" is an admirable department of the "Western Druggist," in which readers exchange views, suggestions, experiences, or what they will. In the April issue is discussed the present status of the prescription trade, the druggists of some localities reporting a slight increase, while the majority tell rather doleful tales of a falling off in prescriptions, due principally to doctors dispensing their own medicines and to the increased sale of proprietary medicines, and consequently increased self-medication by the public. Wm. Bodemann tells of how the druggists of Hyde Park (a suburb of the Windy City) regained prescription business by direct social approach to the doctors, and he thinks if every local association went at the problem in a similar manner much good could be done. It seems that the Hyde Park druggists have banquets or smokers with the doctors, at which are discussed such questions as the refilling of prescriptions, the prohibition of secret medicines, counter prescribing, dispensing by physicians, caution marks in maximum doses, etc., and, Mr. Bodemann assures us placidly that such questions are amicably settled. The Squibber can't help the impression that in advocating a general extension of this plan of social approach of pharmacist to physician, and the discussion under this condition of acute points of difference, Mr. Bodemann has in mind his duties as secretary to the famed "R. H." Committee.

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MELANGE FOR DOCTORS.

J. W. BRANDEIS, A.M., M.D.

No matter what our respected Editor may say about the ethics of various pharmaceutical concerns, they certainly appreciate one thing, which this homely little story will illustrate:

A young girl teaching in a country school was surprised one morning to see chalked on the board this statement: "Johnny Jones is the best Hugger!"

"John Jones," quoth she, "you will remain after three to-day."

Which John did, while his companions waited about outside.

When Johnny emerged from the school house at about five o'clock, he was surrounded by his playmates and besieged with questions as to what had happened. To all of which he merely replied:

"Say, boys, it pays to advertise!"

In a certain election district in this city it appears that a large number of doctors are enrolled under the democratic banner. On election day, which saw such an enormous plurality given to President Roosevelt, both the Democratic and the Republican leaders happened into a polling place at the same time. Just then a doctor, who had cast his vote, came out of a booth, and never noticing the Republican leader, shook hands cordially with the Democratic boss. Another doctor stepped in the door at this moment, and did exactly the same thing..

"You see!" smilingly said the Tammanyite, "we have the doctors with us."

"Yes," replied his adversary, "and it's a good thing, for you'll need them before the day is over!"

John Paul Jones died one hundred and thirteen years ago. His body was consigned to a grave in a plot that lies in what is now the centre of Paris.. Long since, in the course of natural growth, this ground has been given over to the erection of buildings, but a prolonged subterranean search has unearthed the coffin supposed to hold his body.

After other means of identification had been applied, as a final proof the doctors examined the internal organs of the exhumed remains and clinch the matter with a pathological report that verifies the cause of death as described by the physicians a century ago.

John Paul Jones died at the age of forty-five of what had been diagnosed as "Tubercular affection of the lung," and for some time before his death he suffered with symptoms of stasis which may have indicated either renal or cardiac disease—condi-

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tions which in a well-preserved body might very well be recognized even after such a long lapse of years.

To the layman. however, the verification of the clinical diagnosis of yesterday by the scientific methods of to-day not strangely appears as only another instance of "professional courtesy."

At a recent meeting of the State Medical Association at the Academy of Medicine, Dr. Darlington, Health Commissioner of New York City, expressed his displeasure in no uncertain terms, at an article which appeared in the *New York Medical Journal*, entitled "The New York Board of Health and the Anti-Spitting Crusade." The author of the article not only considers it harmless to spit on the sidewalk, but complains of the action of the Board in attempting to suppress this filthy habit.

It is scarcely necessary to comment on the value of such an opinion. But Dr. Darlington remarked that the article might be a good one for *some* lay papers, but hardly should have been admitted to the columns of a medical journal of good standing.

And that's the point!

It must be evident to all that while the editor of any good magazine, either of any of the other branches of science or of fiction, exercises a most rigid discrimination in the selection of material for publication, still in medical journalism the function of the editor seems merely to be to write occasional editorials and to arrange the "copy" for press.

EMERGENCIES.

The railroad owner—he is great,
And likewise, too, the trust magnate;
But Sunday morn *sans* collar or cuff,
Then John the Chinaman—he's the stuff!

The virtuoso—he's the man,
To hear his art we madly plan;
But hark the rumble—war has come,
And the drummer-boy—well, he is some.

The consulting doctor—he's the man,
And you can't pay him on the installment plan;
But when a case of pain but not of payin',
Then the family doctor—just call *him* in!

Information wanted—Readers of the C. & G. who may know of the whereabouts of one **Joseph L. Germazin**, a pharmacist, who came here from **Russia**, six years ago, will do a kindly act by notifying the office of the C. & G. Medical and Pharmaceutical journals please copy.

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.
The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. JUNE 1905 No. 6.

The Publishers of the Critic and Guide are desirous of buying a well-established medical journal. Good price will be paid for publication able to bear thoro investigation. Strictest confidence.

THE LATEST ALLEGED SPECIFIC BACILLUS OF SYPHILIS.

I have just returned from the meeting of the Berlin Medical Society. Admission was by ticket only, and I was one of the lucky ones to obtain a ticket. The place was full to suffocation. Not only every seat, every bit of standing room was occupied. The excitement ran high. One would have thought that a world-important discovery, an infallible cure for cancer, a panacea for all human ills was to be announced. The occasion was the reported discovery by Schaudin and Hoffmann of the specific bacillus of syphilis—a microorganism to which they gave the name *spirochaeta pallida*. I had had the organism demonstrated to me privately by Dr. Hoffmann (or to use the correct title—for which the Germans are great sticklers—Herr Privat-Docent Stabsarzt Hoffmann) in the laboratory of our Policlinic (the University Policlinic for Skin and Venereal Diseases), but I wanted to see how the Berlin medical world would take the announcements. As I said before, the excitement ran high. The interest was sharpened by the dispatches which appeared in this morning's (May 17) papers, that Metchnikoff, in a paper read last night before the Paris Academy of Medicine, stated that he found the same spirochaeta pallida in syphilitically infected apes. Dr. Schaudin first read a paper on the parasitology of the new spirochaeta, differentiating it from similar organisms. Then Dr. Hoffmann reported his findings, in how many syphilitic preparations the spirochaeta was found, in how many control preparations it was not found; there was a constant and steady stream of

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people passing before the microscopes trying to get a peep at the newcomer into the parasitic world; and then to clinch matters, fourteen beautiful microphotographs were thrown on the screen, from which the spirochaeta pallida beamed forth upon us as a distinct and separate entity. Everything looked lovely. At last was the specific organism of that dread disease, the morbus gallicus, lues venerea, malum neapolitanum, miseria hispanica, found, and Drs. Schaudin and Hoffmann would become great and famous. And then something happened. A young American-looking, clean-shaven, pompadour-haired German, Taesing by name, got up and threw a cold blanket on the whole thing. He said the discoverers saw things which nobody else could see, he discredited the method of staining and went even so far as to suggest that the spirochaeta might be found in the staining solution. All this in a true partisan, polemical tone. And then the meeting was over. But the discussion is to be continued next week. [At the same meeting Professor Kirchner (correct title: Geheimer Obermedizinalrath Professor Dr. Kirchner) read a paper on Cerebrospinal Meningitis, but this does not concern the theme of our editorial.]

THE DECREASE IN THE BIRTH-RATE.

Archibald Stodart-Walker (Edin. Med. Jour., March, 1905) considers the decreasing birth-rate in England, which, he says, is becoming in that country as serious a question as it is in France, sapping the national strength and thinning the rich currents of the country's blood. He states that the decrease in the birth-rate is not marked to any appreciable extent in the lower classes, but is very marked in the middle and upper classes. And the causes of this paradox, of this "anachronism," he summarizes as follows: In the lower classes we have (1), greater number of earlier marriages; (2), greater average of physical strength; (3), the influence of theology in favor of marriage and a large family; (4), less love of luxury; (5), keener maternal feeling; (6), ignorance of or distaste for methods to prevent conception or procure abortion; (7), more faithfulness to the marriage vows; (8), more love of family life; and (9), greater necessity and desire to have children who may serve as material and moral supports in old age.

Point 2—greater average of physical strength in the lower classes—may be questioned by many, but, while hardly true of our country, it is true in general of Europe. European aristocracy may not be actually "decaying," but it is undergoing a process akin to it. In point 6 we would strike out the words "or distaste." It is ignorance of and not at all distaste for, except perhaps in some Roman Catholics.

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A USEFUL MODIFICATION IN USING ESBACH'S ALBUMINOMETER.

The simplest method of the quantitative estimation of albumin in urine is still, in the hands of the general practitioner, Esbach's method. But as is well known, it takes at least 12 to 16 hours, generally 24, before the precipitation of the albumin is complete and before it can be read off on the albuminometer. This is of course inconvenient in many cases. Kwilecki recently introduced a slight modification, which causes the precipitation of the entire amount of albumin in 5 to 8 minutes. The modification consists merely in heating the albuminometer (containing the mixture of the urine and the reagent) on a waterbalt, until the albumin begins to precipitate and then dipping it in cold water. The precipitation is soon complete and may be read off on the albuminometer. Kwilecki obtained a patent on his little wrinkle!

(It is hardly necessary to recall to our readers that Esbach's reagent consists of: picric acid, 1 gr., citric acid, 2 gr. and distilled water 100 cc.).

REST IN BED IN ACUTE GONORRHEA.

About the worst advice a physician can give to a patient suffering with gonorrhea is to tell him to stay in bed for a few days. This advice is getting quite frequent, being met with in periodical literature as well as in recent text-books. This advice is given on general principles, without due consideration of the pathology of gonorrhea. Avoiding walking, wearing a suspensory bandage, staying in the room and taking things easy in general—yes. But staying in bed—most decidedly not! The reasons will at once be seen to be very valid ones. First. Lying in bed generally produces an irritating effect on the genital sphere even in healthy persons —much more so in gonorrhoics. When does the patient get the painful chordee, which acts so injuriously on the healing process? At night. To make him stay in bed all the 24 hours means to increase his chances of getting chordee at least threefold. Second. While standing or sitting or walking, the pus gravitates down towards the meatus externus and we have natural drainage. In the lying position the pus gravitates towards the posterior urethra and the neck of the bladder. Third. While lying in bed the call to micturate is less frequent than in the walking or sta- ·i·g position and we thus lose to a certain extent the benefit of the frequent flushing out of the urethra. I therefore repeat: Staying in the room, avoidance of excessive walking—yes; but rest in bed—most decidedly not.

WASTING TIME AND MONEY ABROAD.

I have been suspecting for many years that if those of our physicians who are unfamiliar with any tongue except English stayed home and spent the same amount of time and money

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that they do in Europe, in our American Post-Graduate schools, they would be much better off and would learn a good deal more. Within the last few months this suspicion has become a conviction. I have met a number of American and English physicians who openly stated to me that what they learned in Europe amounted almost to nil. And chiefly on account of the unfamiliarity with the language. You often hear the advice "to acquire a smattering of German" before going to Germany to study. A smattering is a dangerous thing in any branch of study, and especially so in German. With the long complicated German sentences—starting Monday morning and ending Saturday night —a smattering will do little good, and I have personally seen physicians, who after listening to a lecture, carried away an impression diametrically opposed to the one which the lecturer tried to convey. (In French there is no such danger. The sentences are short, distinct, and separate, and you either understand or you don't.) I therefore earnestly advise our American physicians to either acquire a good knowledge of the German language before going to Germany, or, to stay home and attend the New York, Philadelphia, Chicago, etc., Post-Graduate schools, which are becoming better and better every year. The time is fast approaching when we shall have very little, if anything, to go to Europe for.

Of course, while taking a Post-Graduate course in New York, Philadelphia, or Chicago, one cannot have the same "fun" as in Berlin, Vienna, or Paris—but is this the principal factor in determining upon a place for pursuing Post-Graduate studies?

I could never understand why the idea that we are descended from an ape—a superior type of ape, mind you—should be so objectionable, or even repulsive, to so many good people. Suppose our ancestors in the far-far-away past did have a hairy tail on their back (and may the ladies pardon us for stating the facts, that the tail of our female ancestor was longer than that of the male), what of it? What is there to be ashamed of? On the contrary, if we consider the distance that separates us from our ancestors, if we contemplate the tremendous progress made, we should feel proud of our accomplishments, and what is still better, we should look forward with boundless hope to the future. One hundred thousand years ago, naked, hairy, long-tailed monkeys, scampering about in the woods, like the gorillas and chimpanzees, are still in the habit of doing, and now—Kant, Spinoza, Newton, Darwin, Spencer, Haeckel, Shakespeare, Goethe, Heine, Hugo, Emerson, Lincoln, Michel Angelo, Rafael, Mozart, Beethoven, etc., etc. (not to count Kaiser Wilhelm, Richard Croker, Chauncey Mitchell Depew and the only Teddy). It is the beginning that is the hardest in all undertakings, and if

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we have progressed so wonderfully in the past, what will the future bring us? What type of man will we have in ten or fifty thousand years? Far from abhorring the idea of our descent from monkeys, this idea should cheer us, encourage us, and prevent us from becoming pessimistic. People are mean, ignorant, stupid?—think of their ancestors. They have improved, haven't they? Well, they'll improve still more.

***

The good people have occupied themselves quite a little with me since I left for Europe. A good many foolish and wicked things have been printed, the profession has again been circularized by the malignant and fraudulent "Chemical Company," and the devil's agents have not been idle.

My friends consider it their duty to send me a copy of all the circulars and letters concerning me which they receive. And the object of this note is to tell them all: Please, don't! First, because I get too many of them, and it is a useless waste of time and energy to open the envelopes. For instance, of the nasty circular sent out by the Phenalgin "Chemical" Co., I received here in Berlin 44 copies. Now, what for? One copy I am *sure* to get anyway. Second, I am not a bit interested in what my enemies may write or do. They are so utterly beneath contempt and so devoid of every sense of honor, that direct argumentation with them has become impossible. The CRITIC AND GUIDE must go on its way, disregarding the foolish, impotent barking of the clique of fakirs. And third, at present I am really too busy, my work is too important to permit me to pay attention to what every damphool says. Therefore, my good friends, any letters or reprints that you get about the Editor of the C. and G., just put them into the yawning mouth of the wastebasket. Do not add unnecessarily to the loads of the overloaded Berlin and Paris letter carriers.

***

Should *you,* who commune with the great spirits of all ages, allow your equanimity, your peace of mind, to be disturbed by ignorant patent-medicine hirelings, by the street-walkers of the medical press? Perish the thought.

"Cigarette smoking is much harder to stop than other forms of using tobacco; more difficult than opium; more dangerous than chloral and more harmful than other narcotics. The effect of cigarette smoke is much quicker than the hypodermic syringe. Ten to twenty seconds and the silent poison is pursuing its deadly work."

So says Dr. Coleman in the *Colorado Medical Journal.* Those foolish exaggerations make me more nauseous than tobacco smoke does. and I am not a friend of tobacco, never having smoked in my life.

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A LECTURE ON URETHRAL STRICTURE.

By F. S. Watson, M. D., Boston.

In a general sense stricture means a narrowing in the course of the urethral canal irrespective of the nature of the condition which causes it. Thus we speak of several sorts of stricture, *viz.*, spasmodic, inflammatory and organic. The last of these is the only one which is stricture in the true, strict meaning of the term, and it is to that variety that what I have to say will be confined for the most part.

DEFINITION OF ORGANIC STRICTURE.

Organic stricture is a narrowing of the urethral canal at one or more points, due to the formation of connective tissue in or beneath its mucous membrane, or in both places, which results either from injury—in which case the stricture is called "traumatic"—or from a preceding chronic inflammatory process, the latter being almost invariably of gonorrheal origin.

The connective tissue forming the stricture varies in amount and in the depth and extent of the strictures involved by it, and also in the manner of its distribution, in different cases, and according to the one or the other of these elements there occurs a corresponding variation in the form, extent and quality of the stricture.

Strictures are divided for the sake of description into three principal classes, *viz.*, linear, annular and tortuous or innodular. These forms may be illustrated thus:

Picture to yourselves the urethra as a rubber tube. Tie a thread around the outside of it at some point, and you will have produced, of course, a circular, narrow constriction on the inside, of greater or less degree, according to the tightness with which the thread has been drawn. This is linear stricture.

Linear stricture as it progresses, takes the form of a delicate membrane stretched across the canal. The opening through it may be either central or on one side of the membrane. This variety of stricture does not invade the submucous or periurethral tissues.

Now instead of a thread, tie a bit of tape around the outside of the tube, and you have made an annular stricture.

This form varies in its width, may extend over a considerable area, may or may not involve the submucous and periurethral tissues.

Next think of the tube as being subjected to varying degrees of pressure from different points of its outer surface, and you will see that there will be a series of irregular projections produced in its anterior, occupying more of the canal at one place, less at another, and necessarily giving a twisted or tortuous course to the channel running thru the strictured part of the urethra. This represents a tortuous stricture.

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Further descriptive names are given to strictures to designate certain special qualities which they present, thus: of recent formation, of long standing, dense or resistent, tough, hard, intractable, irritable, resilient, of large or small caliber, etc.

The resilient stricture is one which after being dilated, rapidly recontracts to its former size.

The dividing line betwen strictures of wide and small caliber is an arbitrary one; usually anything larger than twenty-two of the French scale is termed stricture of wide, anything smaller than that number, of narrow caliber.

Theoretically there may be as many strictures in the urethra as there is space in it to accommodate them, practically as many as fourteen have been found in one case.

As has been said there is a preference shown by strictures to choose certain parts of the urethra for residence rather than others. The reasons for this are: (*a*) The presence of points of natural narrowing of the canal as compared with wider portions immediately behind them, in consequence of which there is a less free exit offered to the products of inflammation which, being in some part retained, perpetuate by their irritating character the chronic process from which they originate. (*b*) The relatively greater vascularity of some parts of the canal than others, which tends to the establishment of areas of congestion in these localities. (*c*) The existence of a larger proportion of follicular and glandular structures in some parts of the urethra than in others, in consequence of which there is a tendency of the chronic inflammatory processes to become localized there.

STRICTURE OF THE DEEP URETHRA.

It has been asserted by some observers that stricture of the membranous urethra does not result from gonorrhea, but is due to traumatism alone, the reason assigned for this being the absence of glandular structures in that portion of the urethra. On the other hand it is claimed that the membranous urethra is more frequently the seat of gonorrheal stricture than any other part of the canal. In a recent article by Bazy and Decloux there is given the description of some cases in which stricture of the membranous urethra, originating in gonorrhea, was present, and demonstrated by microscopic examination of post-mortem specimens, but in these instances it was shown that the strictures began in the bulbous urethra and had subsequently extended back to the membranous portion.

Stricture of the prostatic urethra has not been observed. The reasons assigned for this have never appeared to me to be altogether satisfactory, and I shall content myself with simply noting the fact of the failure of the condition to exist in this locality, and pass on directly to the clinical side of the subject, which I am able to illustrate to-day by several cases.

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Here is a man forty-five years of age who at different periods during the past twenty years has had attacks of gonorrhea of varying duration. The last of them, which was contracted two years ago, has continued in a chronic form ever since. The principal symptoms being a slight gleety discharge from the meatus, usually most noticeable in the mornings, at times seen only then, with occasional exacerbations following excessive sexual indulgence. There has been no narrowing of the urinary stream or other change in its character until about six months ago, at which time he began to notice a slight diminution in its size, and in the force with which it was expelled. This conditon has gradually increased up to the present time, tho as yet the degree of narrowing has not been important, and he still passes a fairly good sized stream. A slight frequency of urination, most marked during the day time, has also been present for about the same length of time, and finally there has been a noticeable dribbling of urine after the apparent completion of micturition.

This patient presents, typically, the classic symptoms of the early stages of stricture. It has been asserted that a chronic gleet is a certain sign of stricture. It is more true to say that it is frequently an evidence of this condition. It should invariably excite suspicion of it, but it may exist without stricture, and conversely stricture may be present without giving rise to gleet; in the former case the gleety discharge is frequently furnished from the seminal vesicles, or from Cowper's glands, or even in a few cases, by long persisting areas of chronic inflammation, more especially in the prostatic urethra where, as we have said, stricture is never found.

When stricture is present without the occurrence of gleet, it is usually in cases in which the contraction is of long standing. The rapidity with which stricture forms subsequent to gonorrhea varies in different cases, and has been claimed to be as long as twenty years in a few instances. It seldom occurs much under two years and the average is perhaps about three and a half or four years. In traumatic stricture it occurs much more quickly, owing to the greater destruction of tissue which takes place in those cases, and the correspondingly large amount of connective tissue formed. In passing I may note here the fact that the large number of injuries inflicted from without upon the urethra, fall upon the membranous and bulbo-membranous part of the canal, hence the great majority of traumatic strictures are here.

If left to itself stricture continues to contract more or less rapidly until no urine can be passed thru it, and we have the condition known as urinary retention. Before this occurs, or at times coincident with it, there may be a rupture of the urethra, behind the stricture, thru which the urine escapes into the peri-urethral tissues and burrows in them to a greater or less extent, producing in many instances violent septic inflammation. According to the

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more widely accepted belief at present the rent in the urethra is produced from without inward, by the rupture into it of an extra-urethral abscess, usually originating in the glands of Cowper, or others in the neighborhood of the bulbous or prostatic portions of the canal, the escape of urine taking place secondarily, and being the consequence, and not the cause, of the suppuration in the peri-urethral and other more distant tissues. Others again consider that this condition may arise quite independently of the presence of urine in the tissues at all, and that it is an acute diffuse phlegmonous inflammation.

In whatever way it takes place, it represents the condition ordinarily called urinary extravasation or infiltration. These, the two most important complications of stricture, namely: retention and extravasation, I shall not refer to in this lecture but will confine myself to the treatment of the condition after the actual formation of stricture has occurred, with a word about the methods of examining the urethra for the purpose of establishing the diagnosis and in order to accurately locate the obstruction, estimate their caliber and number.

EXAMINATION.

Two instruments are used to detect stricture of the anterior urethra, the acorn tipped sound or *bougie a boule,* and the urethrometer.

The former gives the most characteristic sense to the fingers, the latter measures more accurately the caliber of the stricture. You will feel the shoulder of the acorn tip, as it is withdrawn, after being passed into the part of the urethra behind the strictures, give a sharp jump upon going over them. The sensation is much the same as if the butt of the tip were drawn across the stretched web between the thumb and forefinger. Nothing but organic stricture feels like this, and once felt it is not to be forgotten. The distance of the stricture from the meatus is readily measured by placing the thumb nail upon the stem of the instrument as it emerges from the meatus at the moment when the shoulder of the tip has come in contact with the posterior face of the stricture. The distance between these two points measured after withdrawing the instrument is that of the stricture from the meatus.

Strictures of the membranous urethra are, as has been said, relatively few. That part of the canal is but three-quarters of an inch in length, consequently we may estimate stricture of that locality accurately enough for practical purposes by means of the conical steel sound.

There is one frequent source of error in examining this part of the urethra for stricture, *viz.,* spasm of the compressor urethræ muscle, which is often produced by the presence of the sound. It may be distinguished from organic stricture in the following manner: If the sound is warm, well lubricated, and is gently and steadily held against the obstacle opposed to its entrance into the

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membranous urethra, the latter will presently relax and allow the instrument to pass thru easily if it is due to spasm, whereas it will not do so if it be organic stricture. Also in its passage in cases of spasm, the membranous urethra alternately relaxes and contracts upon the sound, and conveys in so doing a series of jerky, twitching sensations to the fingers. The feeling given by an organic stricture to the fingers is as if the instrument were being drawn thru a sticky substance which grasps it more or less tightly but steadily.

TREATMENT.

There is no palliative treatment for organic stricture. The object of all treatment is the restoration of the canal to its normal caliber, and that method which accomplishes this most safely, most efficiently and most permanently is the best. There is, however, no one method which fulfils all these conditions for all cases. The question which meets us at the outset is, What is the normal caliber of the urethra? Personally I am a strong believer in the views held by the late Dr. Fessenden Otis of New York. Briefly put, his conclusions were as follows: Urethras are not all of one size any more than noses are! There is, however, an average size for them and it is a caliber of 32 of the French scale. The size of the meatus is not a measure of the urethra behind it. The average meatus is about 22 of the French scale. It is rarely as large as the urethra to which it belongs.

There is a definite relation between the circumference of the flaccid penis and the caliber of the urethra within it. This ratio Otis found to be as follows: A penis with a circumference of 3 inches has a urethra with a caliber of 30 of the French scale. With each quarter of an inch increase in the circumference of the former, there is a corresponding increase of 2 mm. in the urethral caliber. There are more urethras showing a variation above the average size, 32 mm., than there are below it.

There are five ways in which stricture may be treated, *viz.*, By dilating (or stretching), by splitting, by cutting thru, cutting out and by the application of an electric current. These methods are called, respectively, dilatation, divulsion, urethrotomy, resection and electrolysis.

Dilatation is divided into three kinds: Rapid, continuous and gradual. The last is the only one of them that need be referred to in detail.

Gradual dilatation consists in the dilatation of the stricture by the passage thru it of successively increasing sizes of special instruments, called sounds or bougies, at intervals of time of varying lengths, until the canal has been opened to its normal caliber. How often should the sounds be passed? No absolute rule can be laid down as to this, but the following may be taken as a general one:

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Let the intervals between the sittings be short; about five days, until the normal caliber has been restored, thereafter make them as long as possible, to be determined by the time elapsing before the stricture begins to recontract. This period varies greatly with different individuals. In the early stages of stricture there will sometimes be no tendency to recontract for six months, the time will vary from this to the other extreme in which the recontraction takes place within a few hours as is the case with some resilient strictures, which it is useless to try to treat by this method.

The following rules you may accept as absolute in connection with the treatment by gradual dilatation.

Rules to be observed in the treatment by gradual dilatation: Never undertake this, or any instrumental treatment of stricture if there be an acute urethritis present.—Never continue it if constitutional symptoms, chills, fever, fainting, threatening symptoms of suppression of urine, follow the use of the instruments, or if they excite acute inflammatory reaction in the urethra.—Never use any but gentle manipulation.—Have the sounds warm when they are used.—Do not pass the instruments with the patient standing up.—Lubricate the instruments amply and use a sterile medium for the purpose.—Sterilize the instruments before using them. The steel sounds by heat, an alcohol flame being the most convenient manner of applying heat to these instruments. The webbing bougies may be boiled in a saturated solution of rock salt for twenty minutes.—Irrigate the urethra when possible before passing the instruments, preferably with a 1-4000 solution of permanganate of potassium.—Use the webbing bougies until the stricture has been dilated as far as number 18 or 20 French scale, and the steel sounds from this upward.—Avoid making jerky, sudden movements in using the instruments, urge them steadily and gently forward. Hold the handle lightly, do not grip it.—Do not try to gain too much at one time, on the other hand do not have your patient come to you twice as often as is necessary.

How to pass the steel sounds. Preferably, stand on the patient's left side. Enter the tip of the sound into the meatus, with the shaft of the instrument in the line of Poupart's ligament and not much raised above the surface of the body. Next, push the instrument onward thru the urethra directly toward the anal orifice, bringing the shaft at the same time gradually to the middle line of the body, but not lifting it much above the surface, until the tip has reached the further end of the bulbous urethra; this you will know by the fact that it is stopped at that point. The left hand holds the head of the penis between the thumb and forefinger during this movement and follows the right hand across to the middle line of the body. On reaching the bulbous urethra and feeling the tip of the sound arrested there,

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withdraw it slightly, put the penis on the stretch by traction with the left hand, then bring the shaft of the sound directly forward over the symphysis pubis toward the space between the legs. In making this movement the tip of the sound rises and follows the course of the membranous and the prostatic urethra into the neck of the bladder.

If, by the first examination it has been determined that there is no stricture beyond the anterior urethra, one should aovid passing the sound into the bladder subsequently, since, tho the chance is small of so doing, one may sometimes carry infection into the deeper part of the canal and to the bladder; moreover it is from the deep urethra that the impulses which in some cases produce shock or other nervous symptoms are originated.

Divulsion. In this method the stricture is split or ruptured by the quick passage thru it of a metal instrument having the size of the normal urethra.

Urethrotomy. Internal urethrotomy consists in division of the stricture by a single incision thru it, which should be made in the *middle line of the roof* of the canal. This line is selected because of the relatively small blood supply of this part.

The operation is best performed by the Maisonneuve instrument upon strictures having a smaller caliber than 16 of the French scale. For strictures of a larger caliber I prefer the dilating urethrotome of Otis, which by the separation of the two blades which form its shaft, puts the stritcure upon the stretch whereby its complete division is insured, and enables the operator at the same time to cut it to an exactly determined size; the caliber is registered upon the dial at the distal end of the shaft which shows the degree of separation of its two blades.

The incision of the stricture is made by drawing a narrow knife thru it. The knife is concealed in a slot at the distal end of the upper branch of the shaft so that it does not cut until drawn out of it for that purpose. There is a scale of inches along the whole length of one side of the shaft, whereby the distance of the knife from the meatus may be determined and the cut applied to the strictured portions of the canal and nowhere else, the distance of the stricture having been established previously by the use of the urethrometer or *bougie a boule* as already described.

Internal urethrotomy should be limited to the anterior urethra because of the difficulty of dealing with hemorrhage in or beyond the membranous urethra, and because of the greater liability there to retention of inflammatory products and urine, owing to the action of the compressor urethræ muscle, and to septic absorption from the surface of the wound. The urethra should be irrigated thoroly with a cleansing solution both before and after the operation. A catheter is not tied into the urethra, because of the liability of its exciting urethritis, which if it occurs threatens the success of the operation. In this as in all other

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methods of treatment, the meatus should be cut to a size a little larger than the normal caliber of its urethra. The best way of doing this is by means of a meatotome, such as that of Civiale.

Every second day following the operation a full-sized sound should be passed thru the urethra, to keep the wound open while it is healing. The cessation of bleeding after the use of the instrument in this way is the signal for discontinuing it. This bleeding accompanying the use of the sounds usually continues for about a fortnight. After this, ten days, then a month, and then six months are allowed to elapse without the use of the instrument, and if no recontraction has taken place then, the patient is directed to come once a year for examination. This operation, except in cases of very old, dense strictures, offers in my experience about 60% of chances of *cure,* by which term is meant that the stricture shows no tendency to recontract, the patient not using instruments to keep it open.

External urethrotomy. This term usually is applied to the opening of the urethra by an incision made longitudinally thru the median line of the perineum. It is appropriate to cases of stricture of narrow caliber or those too dense or resilient to be amenable to gradual dilatation, and to all strictures situated in the membranous or bulbo-membranous urethra.

In any case in which even a filiform guide can be passed thru the stricture into the bladder, external perineal urethrotomy is one of the simplest operations; when nothing can be passed thru it, it becomes a very difficult one.

The Maisonneuve staff is first screwed into the metal cap on the end of the filiform guide, which already lies in the urethra. The staff is then passed thru the stricture, pushing the guide ahead of it. The triangular blade, blunted on its apex, is next passed into the slot of the staff, and with one steady movement is driven to the further end of it, whereby every stricture is divided to the size of the blade which is used. If the instrument is provided with a number of sufficiently large blades this one internal incision can be made of the same size of that of the normal caliber of the urethra, which is being operated upon, but this is not customary nor altogether free from danger.

The patient is now placed in the lithotomy position. A good-sized grooved staff is passed thru the urethra into the bladder, and upon this staff, guided by the nail of the left forefinger placed in the groove from the surface of the perineum, as a guide to it, the point of the knife, its cutting edge being upward, is pushed into the groove of the staff alongside the finger nail, and all the tissues, including the urethra, may be divided with one cut about half an inch in length.

The whole operation need not occupy more than two minutes, and is done with exactly two cuts. It is in truth primarily an internal urethrotomy, the external excision being made to supply

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drainage, which is secured by fastening a catheter in the bladder thru the perineal wound, to avert entrance of urine and septic matter into the cut surfaces and to control hemorrhage if need be. The catheter is left in place for forty-eight hours. The whole urethra should be thoroly irrigated with a cleansing solution immediately after the perineal cut has been made. The subsequent treatment by the passage of sounds is the same as that already described.

External perineal urethrotomy without a guide is a very different matter. The problem here is to trace a minute channel which passes in an irregular way thru a dense mass of connective tissue. When false passages have been made by the unskillful use of instruments in previous attempts to enter the bladder, the undertaking is rendered infinitely harder. We will begin by assuming that such is not the case. When it is not, the procedure is as follows: If the anterior urethra will admit a Wheelhouse staff, the caliber of which is 15 of the French scale, this instrument is passed into it until it is stopped by the front face of the stricture in the perineum. The urethra is then laid open for a distance of half an inch by an incision from the perineal surface as already described. The Wheelhouse staff insures the lower end of this incision being at least a quarter of an inch in front of the stritcure.

When there are strictures of the anterior urethra of too small caliber to admit the staff, they may be dilated sufficiently to allow of its passage, or, if for any reason this cannot be done, any instrument other than the Wheelhouse that will pass thru them, and locate the face of the stricture in the perineal region, may be used in its stead, the only thing to be remembered being that the incision which exposes it in the urethra must not be carried at its lower end nearer the face of the stricture than a quarter of an inch. The object of this maneuver is to preserve intact this bit of the urethra in front of the stricture for the sake of making its course close to the latter clearly visible.

When this has been done a suture is passed into each side of the divided urethra, close to its edge, and these threads are then drawn outward and forward in such a way as to open the urethra widely. The Wheelhouse staff is now turned around and the blunt hook which is on the opposite side of the tip is drawn up against the upper angle of the incision in order to still further display the interior of that part of the urethra. In this way there is formed a funnel-shaped canal at the apex of which lies the orifice of the channel running thru the stricture. Sometimes this is detected at once, at others a long search for it may be required. When found the endeavor is made to pass a filiform guide thru it. This is generally successful; if so, it only remains to lay open the canal thru the strictured portion by following the filiform guide with the knife.

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When false passages exist, they are more apt to be on the floor or lower side of the urethra than elsewhere, and they start usually at or near the anterior face of the stricture; from here they dissect up the peri-urethral tissue for a greater or less distance. In consequence of being on the floor of the canal, they are apt to be laid open by the incision before the urethra is, and are often mistaken for the latter. The difference in the appearance of the inner lining of the urethra and the false passage is the best guide for distinguishing the one from the other. The largest instrument that can be made to pass thru the anterior urethra is the one which is most likely to avoid being caught in the false passage.

When the true canal cannot be traced by any means, there remain two things to be done. One is the operation known as Cock's, and the other, supra-pubic cystotomy and tracing the course of the urethra thru the constricted portion from behind. This then becomes an easy matter. The posterior and anterior limits of the strictured area are defined by the tip of a sound resting against each one of them, respectively,—one having been passed from the bladder, and the other through the anterior urethra,—and all that remains to be done is to divide the fibrous tissue between these two points in order to restore the continuity of the urethra.

Cock's operation consists in laying open the urethra behind the stricture by a thrust of the knife from the perineum, guided by the tip of the forefinger of the other hand, which is placed in the rectum against the apex of the prostate. Of the two methods I unhesitatingly prefer the supra-pubic in such a case.

The entrance to the stricture when doing the usual perineal operation may sometimes be found by pressing downward upon the bladder from above the symphysis pubis, thereby forcing a few drops of urine thru the stricture, which, issuing thru an orifice of the true channel thru the constricted part of the urethra, will serve to locate it.

Electrolysis. This method is carried out by applying to the anterior face of the stricture an electric current of measured strength, for stated periods of time, and at certain intervals, by means of an acorn-tipped electrode. Under this influence the passage thru the stricture presently enlarges, and allows the instrument to go thru it. Of this method I have only to say that I have tried it personally and carefully, and that it has been not only unsuccessful, but has in several instances produced a stricture of greater density and toughness than was originally present.

Comparison of methods of treatment. Gradual dilatation is more frequently employed than any other form of treatment because of the following reasons: 1. The general practitioner feels competent to do it. 2. The word operation deters many

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patients from accepting a manner of treatment which involves one. 3. The patient is not confined while it is being carried out.

Its disadvantages and limitations are as follows: It is useless for resilient and very dense strictures. It is unsafe as compared with the operations in those cases in which constitutional symptoms attend the passage of the instruments.

Internal urethrotomy is undesirable in cases of stricture of the deeper part of the urethra, unless it be combined with perineal section and drainage, but when so done it is the best method for those cases. It is the only effective operation for resilient or nondilatable strictures. It is the only operation which offers the prospect of permanent cure in the proper sense of the word. It is not more dangerous than any other operative procedure when applied to stricture of the anterior urethra. In this class of cases it is, I believe, the operation of choice.

External urethrotomy is the safest and most satisfactory one in cases of stricture of the bulbo-membranous or membranous urethra which are not amenable to gradual dilatation or in which the patient has serious constitutional disturbance during the course of dilatation. It allows better control of bleeding, and furnishes drainage of the bladder and for septic products, thereby preventing in greater measure their absorption from the open surfaces of the urethra than internal urethrotomy alone does in the cases of stricture of the character and locality mentioned above. It is a valuable adjunct to an internal urethrotomy in cases in which the stricture can be traversed with a guide beforehand, and which, therefore, admit of the combined operation being done in the manner described already. The risk of urinary fistula resulting from the operation is very slight if the catheter is not retained longer than two days. When chronic cystitis is present it is better to incur the risk of fistula by keeping the catheter longer in place, for the sake of the benefit that results from bladder drainage in those cases.

Divulsion is as safe but not safer than internal urethrotomy. With the exception of a few cases of early stricture it offers no prospect of permanent cure. It opens a free passage thru the urehra at once, but does so in an inexact way, for the extent and direction of the splitting of the stricture is not in the control of the operator. It sometimes results in the formation of a mass of connective tissue larger and more dense than the original one, and consequently less amenable to treatment.

The treatment may be summarized briefly thus:

1. The meatus must be cut to a caliber 2 mm. larger than that of its normal urethra previous to properly carrying out any form of treatment. 2. Internal urethrotomy yields the most permanent results of any method, and for strictures of the anterior urethra, irrespective of their character, is the operation of choice. 3. All resilient, intractable, nondilatable and impassa-

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ble strictures of the bulbo-membranous or membranous urethra are best treated by external perineal urethrotomy. 4. With the exception of these, all strictures so situated are best treated by gradual dilatation ,unless, during its course, constitutional disturbances of importance arise, in which case it is safer to divide them at once by an external perineal urethrotomy. 5. Divulsion and electrolysis are not methods to be commended.—*Boston Medical and Surgical Journal.*

[I consider the above paper the best resumé on the subject of strictures in the English language.]

WHYS IN PHARMACY.

Why will one compounder get a white precipitate, and another one a clear solution, in filling a prescription calling for magnesium carbonate, ℥ iss; borax and citric acid, each ℥ ij; water, enuf to make ℥ viij? By adding the carbonate to the acid and water, a clear solution results, but the carbonate does not dissolve in it because the borax largely neutralizes the acid.

Why does the addition of hydrocyanic acid to a mixture of codeine, tincture of iodine, and water dissolve the precipitate and give a colorless solution? The precipitate present is a compound of iodine and codeine, and the color is due to iodine. Hydrocyanic acid reduced iodine to an iodide, thus destroying the color and breaking up the precipitate.

Why does a mixture of spirit of nitrous ether, potassium citrate, and water separate into two layers? Potassium citrate has a strong affinity for water and is insoluble in alcohol. Alcohol tends to throw it out of solution, but it retains enuf of water to keep it a liquid.

Why does a mixture of silver nitrite, cocaine and water give a black precipitate? Cocaine takes away the nitric acid, precipitating silver as the oxide. If cocaine hydrochloride is used a white precipitate of silver chloride is formed. Cocaine nitrate should be used.

Why does a mixture of mercuric chloride and tartar emetic give a white precipitate? Tartar emetic reduces mercuric chloride to calomel.

Why does a mixture of sodium bromide, antipyrin, camphor, and caffeine citrate, when put into capsules, liquefy the capsule? The chief ingredient concerned is sodium bromide, which absorbs sufficient water to cause the trouble. Some drying powder should be used.

Why does a mixture of sodium salicylate, citrated caffeine, antipyrin, and syrup of orange give a white precipitate? In strong solution sodium salicylate may precipitate antipyrin, and the citric acid in citrated caffeine liberates salicylic acid, which is only sparingly soluble.

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Why should bismuth subnitrate and a carbonate or bicarbonate not be prescribed together in aqueous mixture? Water liberates nitric acid from the bismuth salt, making a more basic salt; and the nitric acid in turn liberates carbon dioxide. The bismuth salt is converted into a basic bismuth carbonate. The evolution of carbon dioxide is slow and may be sufficient to burst the bottle after it has been received by the patient. These reactions may be hurried by warming the mixture. Some dispensers use bismuth subcarbonate at once instead of waiting for it to be formed as the result of the reaction.

Why does a change in the color of the precipitate occur when bismuth subnitrate and potassium iodide are mixed with water? Various basic iodides of bismuth are formed, varying in color from brown to red and gray.

Why does bismuth subnitrate, when combined with potassium hypophosphite and water, change in color? The hypophosphite reduces the bismuth, forming black insoluble compounds.

Why does an acid, when added to bismuth and ammonium citrate, give a white precipitate? The acid combines with the ammonia radical and sets free the insoluble bismuth citrate.

Why is difficulty experienced in making suppositories containing chloral hydrate? Chloral hydrate seems to have a liquefying action on oil of theobroma somewhat similar to its action on camphor.

Why does a mixture of alcohol, chloral hydrate, and water sometimes separate into two layers and sometimes not? Chloral hydrate combines with alcohol, forming chloral alcoholate; this is soluble in alcohol but not in water, and is somewhat soluble in a mixture of alcohol and water. If chloral is present in comparatively large amounts, and alcohol in small amounts, there is more danger of separation. Soluble salts, such as potassium bromide, tend to cause separation.

Why should scale salts of iron not be powdered before being dissolved in water? Hot water is better than cold water, and it makes the powdered salt form a sticky mass that dissolves slowly.

Why should scale salts of iron not be shaken much with water? A foam is formed that is quite persistent.

Why is it necessary to add but little water when sulphate of iron and potassium bromide are rubbed together in making pills of ferrous bromide? Reaction takes place, liberating considerable amounts of water of crystallization.

Why does citric acid prevent the precipitation of iron salts by ammonium hydroxide? It forms double compounds which are soluble.

Why does phosphoric acid prevent the black color which usually results in combining tannic acid and a ferric salt? Phos-

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phoric acid seems to have a stronger affinity for iron than tannic acid has, and thus displaces it.

Why should tincture of ferric chloride and potassium iodide never be given in the same prescription? Iodine is liberated, and if all of the iodide is decomposed, iodide will be precipitated. Ferric iron is reduced to a ferrous state.

Why are syrup of iodide of iron and potassium chlorate dangerous when prescribed together? Iodine is liberated even in neutral mixtures. Adding a little ammonia prevents this liberation for a time, but is liable to cause precipitation of the iron.

Why do dilute solutions of carbolic acid and ferric salts sometimes fail to give a violet coloration? Organic matter and some neutral salts interfere.

Why should mucilage of acacia and solution or tincture of ferric chloride be well diluted before being mixed? Ferric salts will gelatinize mucilage of acacia unless in dilute solutions. Alkali citrates prevent coagulation.

Why may alkali hydrates or carbonates be given without apparent incompatibility if sugar, glycerin, citrates, tartrates and some other substances are present? Because these substances hold ferric hydrate in solution.

Why does phosphoric acid precipitate a solution of soluble phosphate of iron? Soluble phosphate of iron may be a double compound of ferric phosphate and sodium citrate, or it may be a mixture of these, the ferric phosphate being soluble in the citrate. Phosphoric acid may break up the double compound or then decompose sodium citrate, forming a compound which no longer acts as a solvent. The remedy is to use metaphosphoric acid, free from ortho-or pyro-acid, in the place of the official acid. Strong official phosphoric acid will also dissolve the precipitate.

Why does calomel with potassium hypophosphite turn dark? The hypophosphite reduces calomel to metallic mercury.

Why does a mixture of soap and calomel turn dark? Soap is alkaline and forms the black oxide of mercury.

Why must calomel and potassium iodide not be given together unless the calomel is in small amounts? Potassium idodide with calomel first forms mercur*ous* iodide and potassium chloride. Mercurous iodide, with more potassium iodide, is decomposed, forming mercur*ic* iodide and metallic mercury. Mercuric iodide combines with more potassium iodide, forming the nearly colorless and soluble potassium-mercuric iodide, which is as active as mercuric chloride.

Why should antipyrin not be given with calomel? Part of the calomel is changed to metallic mercury, and part is changed to the mercuric salt, which is active. The reaction is more likely to take place in the presence of sodium bicarbonate.—(*Bulletin of Pharmacy.*)

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[Written for the CRITIC and GUIDE.]

IS IT A "WRITE-UP"?

By Louis Buckle, Ph. G., M. D., New York.

It is not necessary to go into the definition of a "write-up." It is assumed that every physician, in this country at least, has a fair idea of its significance. He has, in all probability, noticed its mention, more than once, in his medical journals; or, if he has his eyes open, he sees it, in its exact typical forms, every day, in the literature he gets from the hundred and one pharmaceutical, chemical and other concerns. He can see it in the booklets, leaflets, circulars, periodicals, type-written matter, so-called medical journals, etc., all of which abound in "write-ups." Some of them are in the form of testimonials, by full-fledged M. D.'s, lauding and recommending certain preparations no matter how worthless and inefficient; others are in the shape of a network of reports of, more or less, carefully selected cases, including the history, diagnosis, management, and successful treatment with a *particular* patent or proprietary product, all so subtlely woven to ensure the entanglement of, at least, the weak-footed practitioner; and still others are lengthy arguments carefully prepared and scientifically elaborated, touching on the physiology, pathology, and chemistry of the body; its anabolism and katabolism in health and in certain pathological conditions; and the therapeutic value of a *special* preparation in these morbid cases.

The signature disgracing the name of the writer of the "write-up" is, in most cases, of the American physician; but, occasionally, we run across a "write-up" of a German or English practitioner. Some of them are so carefully, skillfully, and tactically drawn up, so innocently, impartially and, to all appearances, earnestly and sincerely outlined that it sometimes requires great judgment on the part of the physician not to mistake them for really true and honest statements.

As a result of this nefarious state of affairs, a great many physicians have learned to be very cautious in accepting the statements of their colleagues when these happen to touch on the therapeutic value of some particular proprietary or patent medicine. Indeed, the thoughtful practitioner whose mental eye is ever kept wide open on the moral aspect of things in general and on the moral conduct of certain physicians in particular, one who has power to observe, reason, and deduce skepticism of this kind is but a natural and logical sequence. The honest doctor who is more watchful of his patients than of his own interests; who feels that medicine is the science and art of preventing, alleviating, or curing the afflictions of mankind; and who apprehends that it is only with the very best therapeutic ammunition that the battle for life and health may be won, can not help pitying as well as despising those men who introduce or help to introduce

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"harmless" instead of the most powerful and efficient therapeutic guns. He can not help being filled with emotion and painful regret that such a noble profession working for such a noble cause should have, in its midst, so many degenerates, so many anomalies who are, ever and anon, ready to offer their signature or, if necessary, their soul and all, to the greatest of all gods, Mammon. He hates to think that medicine has become so polluted and contaminated with the dirt of commercialism and business, that the time-honored doctor is looked upon as a mere business man, merited and respected, not to the degree of his intelligence, knowledge, skill, honesty of purpose, etc., but to the amount of his business sagacity, real estate accumulation, etc. And in his heart of hearts he mourns, weeps, and protests.

He knows and is convinced that there are thousands upon thousands of sincere, earnest and greatly learned doctors who devote their valuable time, energy, and money in building up and perfecting the therapeutic ladder of progressive and scientific treatment; but he also sees hundreds, nay, thousands, of medical men readily and unhesitatingly testifying to the acme of therapeutic humbugs; and he becomes watchful, suspicious, and distrustful. Whenever he reads in a medical journal or elsewhere, a report or reports of some cases successfully treated with a certain preparation not official or even unofficial, though this report may come from ever so prominent a medical man, the ever-annoying question "Is it a write-up?" soon forces itself into his mind.

Of course, in hundreds of cases it may not be a "write-up." It may be the sincere experience of the doctor, reported in a most earnest and professional manner for the benefit of his co-workers so that they may, in similar cases, be in a position to do the very best for their patients; but, the positive knowledge of the existence of wide-awake, wonderfully shrewd, fake concerns who are more concerned in the making of a single dollar than in the health of even a million human beings; who are constantly hunting up men willing to approve and recommend their unworthy products, makes one pause, hesitate, respect, but also suspect. . . .

The dangerous bacillus of commercialism and business has become so virulent and so widely propagated that its contagion is not only effecting the morally-diseased members of the profession, but also overcomes even some of those generally considered conscientiously robust, healthy, and vigorous. . . . What an appalling situation!

The physician, who, more than any one else, is so much in need of reliable information and whose only success in the relief or cure of the afflicted depends on the very best medicinal agents, is so mercilessly misinformed, so pitifully mixed up, by his own medical associates, that he does not know where to draw the line. One thing he is suspecting, that of the thousands of patent and proprietary articles on the market, about which the inhar-

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monious concert of egotism, exaggeration, misrepresentation, and what not is always kept up at all cost by their manufacturers; and about which strong testimonials and conclusive reports have been written by scores of doctors and even by professors of some colleges; only a few may, with propriety, be put on the eligible list of valuable therapeutic agents. All the rest—the physicians and patients—would be much better off if they were, together with the garbage of New York, hurled into the river. But he does not know which of these thousands is the real article; and he remains suspicious and doubtful.

I have here, on my desk, a pile of literature, the kind usually sent out by the manufacturers, as a Post-Graduate course of instruction to better fit the physician for the treatment of his patients. Each booklet or pamphlet or, whatever else it may be, blows its own horn, in its own behalf so loudly, and furnishes so many signatures of approval and commendation that it is actually impossible to attempt to separate the good from the bad, the valuable from the useless, and the meritorious from the worthless preparation.

Not infrequently, it happens that the most inert preparation finds grace in the eyes of the doctor because of the beautiful "write-up" it may carry with it. "Oh, yes! Dr. So and So recommends it," reasons the doctor. "It must be a good preparation. Dr. So. and So is a very prominent practitioner, and if he finds it, in his extensive practice, to be the very best remedy in—probably it is."

Here, before my eyes, is a booklet advertising the worst humbug of humbug preparations; yet how well studded it is with the shining titles of medical practitioners! And how many victims it does capture! Even those who have the question "Is it a write-up" before their eyes can not always escape. "I will give it a trial, anyhow," says even the most skeptic; and he sends for a sample. As luck would have it, he gets good results of it. Water or ground sand might produce the same good results; but the doctor usually attributes it to the remedy and, next time, prescribes it. And so humbug and dishonesty continue to disgrace the noble profession and keep the thoughtful physician always watchful for a possible "write-up."

Universal Congenital Atrichia.

Dr. Augustus A. Eshner, of Philadelphia, reports an interesting case of this exceedingly rare condition (Am. Jour. Med. Sci., April, 1905). The patient showed a total absence of hair from *all* parts of the body, existing according to the patient's assurances from birth. Such a condition in which not a single hair exists on the head, eyelids, genitals, etc., is extremely rare—two general cases have been reported.

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SHALL PHYSICIANS SPECIFY THEIR SPECIALITIES ON THEIR SIGNS?

To the Editor of the CRITIC AND GUIDE: Your very interesting article in the April issue of the CRITIC AND GUIDE in reference to the question of physicians specifying their specialties on their signs, reminds me of two cases which have come under my observation, and I fully agree with the German physician who said "ethics gone crazy" in referring to the fact that American physicians do not indicate their specialties on their signs.

Some years since a family moved from the suburbs to a house in the 50's, between 5th and 6th Avenues. The gentleman and his wife and two small children came in one night, leaving the housekeeper and servants to close up the country house and come in the next day. That night, about 2 o'clock, the husband was taken suddenly and dangerously ill. They were unacquainted in the neighborhood, so the wife hurried out seeking a physician. After calling at five different houses of physicians and finding that they were all specialists, none of them general practitioners, being almost beside herself with anxiety, seeing a policeman she hurriedly and excitedly approached him for advice. He being a blockhead thought that she had been drinking, took her to the station-house, and it was 5 o'clock before she could convince the officer in charge that it was all right and get a physician to her husband who had in the meantime suffered greatly. Now, if physicians had their specialty on their signs this would not have happened.

Years ago a physician practising in a country town in the South met with a severe accident, and upon his recovery found that he could not get in a carriage, or ride horseback, but had to go on two crutches the rest of his life. He was a man of superior qualifications, had done all of the surgery in his county; so he went to New York, took a Post-Graduate course in diseases of the eye, ear, throat, and nose, and then located in a small Southern city to practice that specialty. Not desiring any other kind of practice, he put on his sign "practice limited to diseases of the eye, ear, throat, and nose." He sent his card to all of the local physicians apologizing for not being able to call on them, and sent his application to the County Society for membership, requesting that his membership be transferred from his old home. The Chairman of the Membership Committee went to call upon him, saw his sign, did not go in, reported the matter to the meeting that night, and not one of the physicians in that city ever called upon him or sent him a case, and he never heard from his application for membership. He had exhausted his resources and had a family to support; so after long and painful deliberation he did the only thing he could do, appealed directly to the public, that is, put a card in the local papers, and sent postal

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cards to the address of every person he could obtain within 100 miles. His success was immediate. He secured a very lucrative practice, and the more he was criticised by the local practitioner, the more his practice grew! But in spite of his prosperity he wept bitter tears in telling me about it some years afterwards. He is a fine type of man, believes in ethics, but it was a new policy or starve. The action of the local profession was bigoted and narrow, because after he got under headway he did practically all there was to do in those specialties in that neighborhood.

RETIRED M. D.

FOOD AND FEEDING.

Few things can be more curious than the change which has been passing over the public mind, in the course of the last few years, with reference to food and feeding. Much has been made from time to time of the tendency to glorify intoxication which rollicks through the pages of Dickens, while it has to some extent escaped notice that his types of character are, as a rule, quite as much given to over-eating as to over-drinking; and that the meals at Manor Farm are as much in evidence as the beverages. Underlying the whole fabric of his fiction is an assured belief that to eat a great deal of food is an action not only meritorious in itself, but certain to be rewarded by good health, high moral tone, and enhanced physical vigor; and it is not too much to say that these were the prevailing convictions of the time in which he lived. The late Sir Henry Thompson, in the interesting volume upon Food and Feeding, which has now passed through many editions, was among the first to insist forcibly upon the fact that the amount of food consumed should be much diminished in advancing life; and Professor Clifford Allbutt has lately written to the *Times*, on his return from a tour in America, to say that wholly new ideas about diet are beginning to prevail there, and that American men of science have obtained demonstration of the fact that all food in excess of the actual requirements of the body is a source of weakness instead of a source of strength; nervous force which might be better employed being consumed in its partial digestion and in its ultimate removal from the system. He tells us that this is especially true of nitrogenous material, while hydro-carbons can be burnt off in respiration with comparative facility. It would almost seem as if Nature, in attaching pleasure to the consumption of food, had carried her precautions against starvation to excess, and had ignored the risks incidental to repletion. An inquest was held a week or two since upon an omnibus driver who died suddenly after an enormous meal of pork chops, and from no other discoverable cause than gastric distension by food and flatulence which arrested the action of a feeble heart.

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A considerable amount of evidence has lately been brought forward from one source and another tending with remarkable uniformity to show that the human body can be maintained in full vigor and activity upon a much smaller amount of food than is usually consumed, and the question is one which calls for the serious attention of physicians and of physiologists. It has unfortunately been very much left, up to the present time, in the hands of minorities, who may, without gross exaggeration be described as faddists, and hence it has not received the consideration due to its manifest importance. A non-medical contemporary has lately described a "vegetarian Christmas dinner," held at a restaurant in Furnival Street, as "a strange and horrible orgy," apparently on no other ground than that no meat entered into its composition, and predicted that its chief effect upon the guests would be "an exceptional display of vigor in attacking chops and steaks" on the following day. We can feel for the distresses of a writer who is compelled to furnish his daily tale of "copy" without assistance from the very binding form of straw which is commonly denominated knowledge, but where was the editor? The qeustion of the kind of the food consumed is, however, a different one from the question of quantity; and our present object is to suggest that the majority of people eat a great deal too much, and fall short of their highest attainable standard of mental and bodily activity in consequence. There must obviously be a limit to the needs of the body, and when the supply exceeds this limit it must obviously be removed or disposed of in some way. It can scarcely be doubted that the American view quoted by Professor Clifford Allbutt is essentially correct, and that the disposal of the superfluity is a tax upon the organism by which it is effected. It is at least not doubtful that the period of gorging, of which the Dickens era was perhaps the termination, was also a period of premature decease among the well-to-do, or that a great increase of longevity has been a characteristic of more recent times. Fifty years ago an octogenarian able to take part in the activities of life was at least regarded as a remarkable exception to the common rule; today, this position could hardly be sustained. Apart from and beyond the needs of individuals, the question is one not destitute of national importance. It has a serious bearing upon the cost of living; and in easily conceivable circumstances it might have a still more serious bearing upon the power of national resistance in time of war. The waste which is trivial in the case of the individual becomes enormous when it is practiced by a great community; and if, as seems highly probable, this waste applies not only to foodstuffs, but also to the bodily health and the intellectual capacity of the people, it is one that should be checked, as far as possible, by all the influences of education and of public opinion.—(*Hospital*).

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THE LEARNED HORSE OF BERLIN.

Time was when we thought a great deal about the spelling pig—the pig who could, at the word of his master, pick out, or rather nose out, A, B, and C from a number of letters of the alphabet, printed in large type upon cards. In later years we have had a number of musical prodigies, nearly all of whom have come from the Slav nations, principally from Hungary. It is no wonder, therefore, that we find that a Berlin learned horse, "der Kluge Hans," hails from Russia. Clever John, being the English translation of his German name, appears to possess the faculty of thought. A retired schoolmaster who possessed some horses remarked that Hans, who was in his possession, was most intelligent, devoted one hour a day to his training on the ordinary lines of elementary schooling, *i.e.*, with blackboard and chalk, beads and objects for developing the sense of color and smell, etc. In a short time Hans learned to reckon with precision, and now can add, subtract, multiply, and divide; he is now learning decimals and the rule of three. It is almost incredible what this horse can do. If one writes on a blackboard $2+2=5$, the horse at once stamps four times with his right hoof to show that a mistake has been made. Again, when a reading lesson is gone through on the blackboard, he can tell whether dog or cat, etc., is written, when he is requested by any one present to do so. When a hamper of different colored rags was placed before him, he picked out any color he was asked to. Still more extraordinary, and a fact which we would like to have corroborated, was that he gave on one occasion a correct answer to the number of men present who wore spectacles and those who wore eyeglasses, while he also indicated how many ladies in the audience were wearing green hats.

He appears to be able to tell the time on being shown a watch; he knows the value of money, bowing his head for "yes," shaking his head for "no," and is not, notwithstanding his accomplishments, above cleaning out his own manger, which he does with a cloth like any ordinary housemaid.

America has already offered 150,000 marks for "Clever John," but we hope that his owner will keep him on this side of the pond, and bring him over to this country some day soon to allow us to see the phenomenon.—*General Interest.*

ADVERTISEMENT.

That excellent Antidote against all manner of gripings, called Aqua Antitorminalis, which, if timely taken, it not only cures the Griping of the Guts and the Wind Collick but preventeth that woeful Distemper of the Dry Belly Ache; with printed Directions for the use of it. Sold by Benjamin Harris at the London Coffee House, in Boston. Price, three shillings the half pint bottle.

From an almanack, printed in the year of our Lord, 1690.

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By Wm. J. Robinson, Ph. G., M.D.

Phenalin. Trade name for phenolphthalein tablets.

Phenocoll Hydrochlorate. Glycocol para phenetidin hydrochloride. Phenocoll is a strong base and unites with acids to form salts. Colorless crystalline powder, soluble in water (16 parts), from which solution the phenocoll is precipitated by alkalies. Antipyretic, antineuralgic and antimalarial. Dose: 5 to 15 grs. Has also been recommended as an external antiseptic in wounds, etc.

Phenocoll Salicylate. Salacoll. Crystalline powder, less soluble than the hydrochlorate. Antipyretic, Antirheumatic. Dose: 15 to 30 grs.

Phenol Sulphoricinate. Thin watery non-viscid, or thick syrupy and viscid (different mode of manufacture) yellowish liquid, somewhat ethereal odor, soluble in water and alcohol. Used in solutions of 20 to 30% strength as an application in diseases of the nose, pharynx and larynx.

Phenolphthalein. This well known reagent is recommended as a laxative in doses of 8 to 15 grs.

Phenosal. Aceto-salicylate of phenetidin. Small colorless crystals, sour taste, soluble in water. Antipyretic and antirheumatic. Dose: 8 grs.

Phenosalyl. Stated to be a mixture of carbolic acid 8 or 9 parts, lactic acid 2 parts, salicylic acid 1 part and menthol 0.1 part. The ingredients are fused by the aid of gentle heat. Used as an application in diseases of the throat and larynx, in conjuuctivitis, in eczema, etc., in 1|5 to 1% solution or ointment.

Phenyl-Acetamide. Synonym of Acetanilid.

Phenyl-dimethyl-pyrazolone The chemical synonym of Antipyrine.

Phesin. Sodium Acetosulphophenetidin. Brown powder, salty taste, sol. in water. Properties about the same as phenacetin.

Picric Acid. Trinitrophenol. Carbazotic, picronitric or nitroxanthic acid. $C_6H_2(NO_2)_3OH$. Yellow crystals, odorless, intensely bitter slightly soluble in water, soluble in alcohol. The internal use of picric acid has been practically abandoned, but of recent years it has been recommended, by French physicians especially, as an excellent application in burns. It should be remembered that picric acid is absolutely incompatible with alkaloids, quickly precipitating them out of solution and it should therefore never be prescribed with cocaine hydroch., morph. sulphate, etc. The best vehicle for picric acid for various applications is a mixture of alcohol and water.

Piperazine. Diethylene-diamin; ethylene-imin; piperazidin $C_2H_4(NH)_2C_2H_4$. White crystalline scales, very soluble in water; attracts moisture and carbon dioxide from the air and should therefore be kept in well stoppered bottles. Considered a good uric acid solvent and is prescribed quite extensively in the uric acid diathesis, rheumatism, gout, renal calculi, etc. Dose 5 to 15 grains in about a pint of carbonated water. Giovedi's recommendation to inject piperazine hypodermically (½ to 1½ gr.) into the tophi or joints of gout, has not found many followers in the profession.

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Piperidin-Guaiacolate. See Guaiacol Piperidin.

Pneumin. Methylene-Creosote. In tuberculosis.

Poehl's Physiologic Salt. Sal Physiologicum Poehli. The composition of this salt is as follows: Na, 21.51%; Na_2O, 11.02%; K_2O, 4.61%; Cao, 1.38%; Mgo, 021; Cl, 33.09%; SO_3, 2.39%; P_2O_5, 1.74%; CO_2, 17.79%. It contains all the osmotically active constituents of blood serum, and in the same proportions as they are contained in the latter. It is supplied on the market in the form of tablets containing 15 grs. (1 Gm) each, and they form a convenient method for preparing salt solutions for enteroclysis, hypodermoclysis and intravenous injection.

Polyformin, insoluble. A combination of formin and resorcin. Yellowish brown powder, insoluble in ordinary solvents. External antiseptic, iodoform substitute.

Polyformin, soluble. Diresorcin-hexamethylenetetramine. A combination of two molecules of resorcin with one molecule of hexamethylenetetramine.

Polysolve. See Sulphoricinic Acid.

Propolysin. A thick red brown balsamic liquid of rather indefinite composition, most probably produced by the dry distillation of bees' wax. "Oil of wax." It is recommended by its introducers as an excellent antiseptic, soothing and healing remedy.

Propylamine. $C_3H_7.NH_2$. Clear crystals, alkaline reaction, strong odor of ammonia. Sedative and antispasmodic. Dose 3 to 60 grains.

Protalbin-Silver. A silver albumin compound. Grayish-white powder, soluble in water (about ten parts), and in glycerin. Not precipitated by chlorides or albumin. Recommended as an injection in gonorrhea in ¼ to 1½% solutions.

Protargol. An organic proteid compound of silver, containing 8.3% of metallic Ag. Light yellow powder, readily soluble in water (as high as 50% solutions may be prepared). Used extensively in the treatment of gonorrhea, and in eye practice. The reports on its use are almost uniformly favorable, as it possesses but slight irritating properties, while its penetrating and bactericidal properties are quite high. (Its solution is not precipitated by heat, albumin, dilute hydrochloric acid or sodium chloride). In gonorrhea it is used in strength of ¼ to 2% in gonorrheal ophthalmia in strength of 2 to 10 per cent.

Purgatol. Dyacetyl Trioxyanthraquinone. Yellow Crystalline powder, odorless, tasteless, insoluble in water and in dilute acids, soluble in alkaline solutions with a deep violet red color. Recommended by Ewald as a serviceable laxative in doses of 8 to 15 grs. administered at night, in tablet form. This synthetic colors the urine blood red, and the patient is to be warned of the fact.

(To be continued.)

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219.—Lactopeptini 3j
Sodii Bicarbon 3ss
Hydrarg. Chlor. Mitis ..... gr. v
Antipyrini ..... gr. xv
Sodii Phosphatis 3j
Caffein. Citratæ ..... gr. xv
Sodii Bromidi 3ij
Ft. pulveres No. XII.

The sodium bromide is incompatible with the calomel, converting it into mercuric bromide and mercuous oxide. The antipyrine is slightly incompatible with the calomel; the sodium phosphate when triturated with the citrated caffeine and the other salts liberates some of its water of crystallization, of which it contains 12 molecules and converts the whole into a pasty mass; the small amount of HCl contained in the lactopeptine and the citric acid in the caffeine will liberate some CO_2 from the sodium bicarbonate, etc. In short, this prescription is absolutely non-dispensable. The doctor at first disputed this point, but when he saw what a mass was obtained, he agreed to leave out the calomel, and to dispense the whole in a 6 oz. mixture.

220.—Ac. Salicylici ..... ʒv
Natrii Bicarbonatis ..... ʒiss
Aquae Menthae Pip. ..... ʒiij

"On putting the ingredients in a mortar, considerable effervescence was noticed, but when the effervescence was over, a white powder remained, which no amount of rubbing or shaking could dissolve. What was the powder? Was it a new compound or was it the salicylic acid?" Thus runs the tale of one of my correspondents. No, the powder was neither a new compound, nor was it the salicylic acid. It is true, salicylic acid is but very slightly soluble in water; but in the presence of sodium bicarbonate and water a chemical action takes place and sodium salicylate is formed. Sodium salicylate is soluble in less than one part of water. Five drams of salicylic acid will combine with three drams of sodium bicarbonate (molecular weight of salicylic acid = 138, molec. weight of sod. bicarbonate = 84, which gives us practically the proportions of 5 to 3); there are still left 9 drams of $NaHCO_3$. Sodium bicarbonate being soluble in 12 parts of water, it would require 108 drams, or 13½ ounces, of water to dissolve the remainder of the sodium bicarbonate in this prescription. There are only 3 ounces of menstruum; nearly an ounce

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will be used up for keeping the sodium salicyl. in solution; in the balance only about 1½ or at most 2 drams of sodium bicarbonate will dissolve. There are still seven drams left undissolved.

This solution will turn dark after standing for some time. All salicylates are likely to turn dark and especially so in the presence of an alkali. I have been frequently asked why physicians should prescribe such combinations and not order sodium salicylate instead. The reason is that experience has demonstrated that such fresh preparations are more acceptable to some stomachs than the regular sodium salicylate. One of the causes of this acceptability is the carbon dioxide with which the solution is saturated.

221.—Syr. Ac. Hydriodici
Aquae Oxygenii } .... ää ℥j
Glycerini
Syr. Aurantii Cort
Aquae Menthae } .... ää ℥iss

The peroxide of hydrogen decomposes the hydriodic acid, liberating iodine, and becoming itself decomposed into water. The equation is as follows:

$$2HI + H_2O_2 = 2H_2O + I_2$$

If there be an excess of peroxide the liberated oxygen may oxidize the hydriodic acid to a higher compound.

222.—Hydrogenii Dioxidi..... ℥ij
Kali Hypermanganici..... grn. xxx
Aquae Destill..... ℥iv

Peroxide of hydrogen is an antiseptic, and so is potassium permanganate. Hydrogen dioxide and potassium permanganate are absolutely incompatible. The solution of potassium permanganate is discolorized by the peroxide, with the formation of a precipitate of manganese dioxide and potassium manganate.

The chemical reaction may be represented by the following equation:

$$2KMnO_4 + 2H_2O_2 = K_2MnO_4 + MnO_2 + 2H_2O + 2O_2$$

Potass. Permangan — Hydrogen Dioxide — Potassium Manganate — Mangan. Dioxide — Water — Oxygen

The peroxide of hydrogen usually containing a small quantity of acid for its preservation, a small quantity of manganous sulphate will also be formed. The reaction is:

$$2KMnO_4 + 5H_2O_2 + 3H_2SO_4 = K_2SO_4 + 2MnSO_4 + 8H_2O + 5O_2$$

Potass. Permang. — Hydrogen Dioxide — Sulphuric Acid — Potass. Sulphate — Manganous Sulphate — Water — Oxygen.

Of course, the prescription should not be dispensed.

(To be Continued.)

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[SQUIB—A pithy comment on men or things—Dictionary.]

THE SQUIBBER.

Frank Homer, Ph. G. Pithy Comments on Things Pharmaceutical.

TWO HUNDRED PER CENT. PROFIT.—It is time that pharmacists got better prices for prescriptions, observes "The Bulletin of Pharmacy," in agreeing with Frank E. Falkenburg, of Chicago, that wherever it is possible a prescription should yield at least a 200 per cent. profit, and continues: "The wise and skillful druggist will hold this rule above him and conform to it as courageously as Mr. Falkenburg has done, and with equal betterment of his financial showing." This, too, in spite of the fact that so many druggists are complaining of a lack of prescription trade. The Squibber has an idea that the burden-bearing public has been encouraged to medicate itself largely through a desire to economize on the combination of doctor's fee and druggist's prescription charge. To follow such advice as the "Bulletin" gives gratuitously is—with due regard for the mixed metaphor—"to lay the last straw on the back of the goose that lays the golden egg."

PROPRIETORS' CONTRACTS IN EFFECT.—All the direct-contract and serial-numbering plans of various manufacturers of proprietary medicines were put in effect on May 1 by decision of the executive board of the Metropolitan Association of Retail Druggists. Druggists have signed contracts to sell preparations for a certain price, and been told they need not observe the letter of the agreement until the powers that be named the day when it should be put in force. There has been considerable backing and filling in this latest campaign to organize New York for higher prices, from the attempt to make the old-established local associations affiliated bodies of the National Association without any of the responsibilities that pertain to such membership, the juggling with legal contracts, but things are now in shape for a fair test of the plan—at least on the Peruna contracts, as only about a hundred of the 1,800 local druggists have refused to sign. The Drug Merchants, the big cutters, have evinced a desire to cooperate; Wm. C. Alhers, on the ground of expediency, has ceased to oppose the N. A. R. D., and now the only questions are: "Will the public pay the increase gracefully and will the dealers and druggists, big and little, play square?"

LIQUOR FOR MEDICINAL PURPOSES.—The Excise Department of New York State is trying (or may have already succeeded) to secure the abrogation of the liquor stamp tax law, which allows druggists paying a license fee of $7.50 per annum, to sell liquor "for medicinal purposes" in amounts up to a pint without a prescription, provided a 10-cent revenue stamp be affixed to the bottle. The State has found in a year's trial that where formerly it re-

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ceived $80,000 from druggists who sold liquor under the old store licenses, now it receives but $17,000 from the sale of stamps. The druggists of "up-state" are particularly fond of the stamp tax law. The Squibber—and he's happy in knowing that his sentiments are shared by a number of his fellow pharmacists—is mighty skeptical of druggists who want to sell liquor "for medicinal purposes" without a physician's prescription, and he hopes the law will not long allow druggists to carry on a liquor business while paying but a small fraction of the license fee which is paid by a legitimate dealer in wet goods.

SCANNING the news columns of a very decorous pharmaceutical journal published down near University place, the Squibber happened on the following little pleasantry that lightened up the rather desiccative character of some A. Ph. A. Council notes: "The committee on time and place of meeting had recommended that entertainment at the Atlantic City meeting be entirely restricted to the evening periods, but this plan was vigourosly combatted by Harry B. Mason, who pointed out that the afternoons were much more agreeable for a certain class of entertainments, and that evening business sessions are always well attended following afternoons of diversion. (Mr. Mason is a young man who edits the "Bulletin of Pharmacy" and lives far away from the alluring seaside, in Detroit, and probably he made up his mind that once in the neighborhood of glistening sand, and cool breezes, and mermaids, perhaps, and other things he'd read about in the newspaper, he didn't intend to go back without getting a good look at 'em in broad daylight.) He won his point, as the Council voted that the customary subcommittee be not restricted to providing entertainment in the evening." Pretty good for our usually grave contemporary.

PROPRIETORS' CHALLENGE TO PHYSICIANS.—Something of interest was really given out for publication at the last meeting of the Proprietary Association of America. Notwithstanding that reporters and editors attend these meetings, you must understand, they're not invited to the executive sessions—where the real work is done, and the "barrel" opened for "educational purposes," you know. Anyway, President Talbott in his annual address laid the blame for unjust legislation at the door of physicians, and then proceeded to show how proprietors might get square. "When our formulas are published," he said, as if he were addressing the American Medical Association, "your prescriptions will be written in English, and will appear on every bottle or package dispensed. Take away the mystery that surrounds your profession, and you will lose your most important asset." He thought "this would do the business for us." The physicians will probably accept the challenge without turning a hair.

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MELANGE FOR DOCTORS.

J. W. BRANDEIS, A.M., M.D.

A tailor over in Hoboken haled to court on a charge of assaulting his wife stated, in defense, that she had contracted the patent medicine habit. In four years she had accumulated three hundred bottles of the various panaceas which as many humanitarian and altruistic drugging firms had placed in the market. Moreover, he contended that her ailments were imaginary, for the label on each bottle that she bought, admitted that the contents would cure at least ten diseases, and therefore to require them all she must needs be a pathological crazy-quilt.

The judge advised the couple to return home and "make up," and as they left the court in obedience, the wife opened a package and showed her husband a bottle of "Raeburn's Liniment" which she had purchased to soothe her injured parts.

F. R. C. writes to us to say that he admonished a stranger who expectorated in the subway. Stranger replied that he was an especially accurate marksman and always spat exactly on the railroad track. He supposed that the heavy trains passing over his sputum annihilated any germs that might be present. Wasn't it so?

F. R. C. was nonplused for the moment, and still in doubt writes to us for an answer.

We, in turn, are in doubt, and pass along the question to the bacteriologists.

A committee appointed by the Legislature of the State of New York to investigate the question of the treatment of inebriates recommends that a person convicted of intoxication, for a second time, be committed either to jail or to the Oppenheimer Institute for a course of treatment.

Should this stupendously nervy proposition ever ferment into a law, we trust that any unfortunate physician placed in such an unhappy predicament will forcibly show his scorn for the unethical by readily choosing jail.

Dr. Watson hung up the telephone receiver and turning about in his chair addressed his friend, Dr. Rogers:

"Well, Churchill will be right up in his automobile. We will have to get to business at once, as he is on his way to an obstetric case. However, we need not await Sanford as he is not coming."

"Sanford not coming! You didn't tell me that before. As for Churchill, I heard every thing through your 'phone (which, by the way, resounds like a phonograph), and I am sure I heard

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no reference to an automobile or anything about an obstetric case."

"Which only proves you did not hear everything. Had you heard the clink of his obstetric forceps as the office-nurse dropped them into the satchel which was closed over them with a click, you would have been as well informed as I. Of course Sanford, his assistant, precedes him to the case *ergo* will not be here. As for the auto, how elese can he reach here in two minutes as he promised? If I am not mistaken that's the toot of his horn now!"

"Sure enough! Hello, Churchill! On your way to a 'forceps'?" questioned Rogers, with a twinkle and a smile.

"Yes, sorry to say I must hurry off. You noticed my satchel, eh? However, Sanford has gone ahead of me so we can proceed without him. What's the business?"

"Merely to amend the rule of ethics relating to the stealing of other men's cases," explained Dr. Watson. "To make a punishment that's applicable."

The code of ethics was soon amended so that the *old* rule could no longer be broken.

"And now, Churchill, you hurry on," urged Dr. Watson. "I am glad you remembered the scissors in time, and I trust Sanford has brought the chloroform."

"The scissors! Ah, you saw them in my vest pocket. But how do you know I depend upon Sanford to bring the anaesthetic? I usually carry everything along."

"Your satchel on that steaming radiator there, my boy! The last place you would place it if it contained anything volatile. Now get out!"

* * * * * * * * * *

"My dear man," said Churchill, as he left his patient's house that night, "I only took this case, and especially at such a reduced fee, because you are such a dear friend of a friend of mine. As I know Dr. Watson, whom you had engaged, I trust, should you meet him, you will not mention that I confined your wife."

Then turning to Sanford he exclaimed:

"Say! That Watson is a clever fellow in finding out things—that will do him no possible good."

One of the Fake Medicine Men has had the audacity to substitute his form and likeness in place of the physician in the picture known as "The Doctor." Below is inscribed, "There is still hope!"

According to news report the Iowa State Board of Health, in its crusade against germs, has issued an edict that forbids the wearing of beards by physicians.

"Gol dern it! They're right. We alluys allowed that them there long appendages hauled too much corn and hayseed about."

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth;
Than never to tell the truth for fear of making a mistake.

Vol. V. JULY 1905 No. 7.

THE PERNICIOUS ACETANILID MIXTURES.

In the May issue, in commenting on the Council on Pharmacy and Chemistry, I said:

I have no doubt that it will do some good and useful work, work that the fakirs will not be able to misrepresent. Our hopes are being rapidly realized. The Council has shown that it is not and does not intend to be a paper body. It has shown that it intends to do good practical work, work that will bring results. And it is very gratifying that they started with the poisonous acetanilid mixtures.

It is time that a stop be put to the future spread of the most dangerous of all coal-tar antipyretics.

Who could estimate the terrible havoc that this product, disguised under various names, has been working among our people? How many hearts has acetanilid ruined irreparably, how many gallons of blood has it deoxygenized, how many people has it hurried into untimely graves?

The humanitarian's heart must bleed, when contemplating those things, for they are not fancies, but cold cruel facts. From how many patients ill with pneumonia, typhoid fever, etc., has the physician himself taken away every chance of recovery by still further increasing their cardiac weakness thru the administration of acetanilid? And why does the physician administer acetanilid to patients in need of cardiac tonics? Doesn't he know that acetanilid is a decided cardiac depressant? Yes, that much he generally does know, but he does not know—and the blame is not entirely his—that phenalgin, antikamnia, etc., are nothing but acetanilid mixtures. And in the "literature" of those products he is so brazenly and persistently assured that they are "perfectly harmless," "free from any depressing action," "have a stimu-

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lating effect on the heart," that it is no wonder he becomes persuaded and proceeds to choke his patient with this heart-weakening and blood-disintegrating, multi-aliased poison.

And what have you to say now, honorable gentlemen? When I had the temerity to spread broadcast the information, the correctness of which is now certified to officially by the Council of the American Medical Association, when I stated that your products were mere *mixtures*, in the compounding of which neither skill nor knowledge were required—a three-dollar-a-week boy could do the whole thing—when I stated that the principal and only therapeutically active ingredient of your mixtures was acetanilid, which you can buy at a cent or a cent and a half an ounce, you attacked me viciously and underhandedly, you accused me of crass ignorance or wilful misrepresentation. What will you say now? And how wise it was of the Council to put your products in the same category—analyze them at the same time and submit them to the same report—with the common patent medicines, Orangeine and Kohler's Headache Powders! For that's where your products belong.

Here follows the Council's Report verbatim, as printed in the Jour. Amer. Med, Association June 3d 1905, page 1790.

OFFICIAL REPORT ON ACETANILID MIXTURES.

The following report has been approved by the Council:

To the Council on Pharmacy and Chemistry of the American Medical Association:

In response to the request of your chairman we have investigated the below-mentioned preparations and report as follows:

Specimens of the articles were bought in different cities in the open market, and in original, sealed packages, and were analyzed by some of us or under our direction. Each article was examined by at least two chemists, and some were subjected to several analyses. While certain of the preparations are represented as being chemical compounds, the specimens examined were all found to be mixtures; the principal ingredient being acetanilid. The percentage proportions of acetanilid given below are the minimum obtained by any of the analysts.

Soda and ammonia, combined with carbonic acid, are calculated and reported as sodium bicarbonate and as ammonium carbonate (U. S. P.), respectively. Salicylic acid is calculated and reported as sodium salicylate. Diluents and other constituents than those reported were not determined.

AMMONOL.

According to the analyses of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid, 50. Sodium Bicarb., 25. Ammonium Carb., 20.

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ANTIKAMNIA.

According to the analyses of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid, 68. Caffein, 5. Citric Acid, 5. Sodium Bicarb., 20.

KOEHLER'S HEADACHE POWDERS.

According to the analyses of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid, 76. Caffein, 22.

ORANGEINE.

According to the analyses of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid, 43. Sodium Bicarb., 18. Caffein, 10.

Other constituents said to be present were not determined.

PHENALGIN.

According to the analyses of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid, 57. Sodium Bicarb., 29. Ammonium Carb., 10.

Certain packages of phenalgin were purchased which on analysis did not show ammonium carbonate.

SALACETIN.

According to the analyses of the contents of the original sealed packages as purchased, this was found to be a mixture, and to contain the following ingredients approximately in the proportions given:

Acetanilid, 43. Sodium Bicarb., 21. Sodium Salicylate, 20.

We recommend that this report be printed in THE JOURNAL of the American Medical Association.

Respectfully submitted,

J. H. LONG, M.S., Sc.D.,
W. A. PUCKNER, PH.G.,
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H. W. WILEY, M.D., PH.D.

Committee on Chemistry,
Council on Pharmacy and
Chemistry of the A. M. A.

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[Written for the CRITIC and GUIDE.]

PROSTITUTING FACTORS IN MEDICINE.

By W. Forest Dutton, M. D., Walkers Mills, Pa.

In this enlightened age, when all the commercial world is vieing to outdo itself in the struggle for financial victory, it seems that the same spirit has gotten into the medical world through the unscrupulous machinations of a certain class of men. Some of these men may be under the convicion that they are doing a noble work, but ninety-nine per cent. are conscious of the fact that they are rapidly depopulating the land for a lot of blood-stained dollars.

In the first place, we know that symptomatic advertisements are flaunted into the face of the entire world by nearly all publications. The advertisement is so worded as to correspond to every known disease. The advertiser goes farther, soliciting the people "to write us about your illness, stating case fully, and our physicians will help you to get rid of your disease by free medical advice, and will send books on different diseases which contain full information, without charge." Others go on to say, "Medical booklet with testimonials and doctor's advice free." "Medical adviser will be sent on receipt of stamps to pay expense of mailing only." "Blood diseases quickly and forever cured without mercury or iodide of potash." "Sample bottle of L—— and book of valuable information sent absolutely free." "Send sample of your urine to medical department, W—— Co., and our doctors will analyze and send you a report with advice and booklet free." "Passion nerve tablets will cure quickly and permanently all nervous diseases of either sex." "Stone in bladder quickly dissolved and removed without danger by S—— cure." "For a free order of full dollar bottle you must address Dr. ——." "A sensitive, refined woman shrinks from questions of physicians. Mrs. —— profits by Mrs. —— advice. Dear Mrs. ——. Some time ago I wrote you describing my symptoms (fibroid tumor), and asked your advice; you replied, and I followed your directions carefully, and to-day am a well woman." Another Dr. restores "suffering, tired, trembling, nervous, aching, sleepless, bloodless women." His medicine "renovates and regulates thousands of cases of female weakness every year." "Difficult and seemingly hopeless cases" are Dr. H—— specialty. He will diagnose your case and direct your treatment without charge if you will write and describe your symptoms carefully. It is not necessary to enumerate any more of the above, for they are legion.

The State laws governing the practice of medicine require that one shall have graduated from some reputable Medical school; that is, he shall pass an examination before the State Board of Examiners before he be allowed to practice medicine and surgery

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in said State. He is required to pass a special examination to practice in any other State.

Why is it these commercial or quack concerns are allowed to practice medicine and surgery, as they have been doing for years, without restriction, in all parts of the United States? They examine, diagnose and prescribe for patients in all parts of the Union *ad libitum*. Usually these examinations and diagnoses are made and treatment prescribed by persons who know as much about physical diagnosis, etc., as a porcupine about music.

In almost every daily newspaper or monthly magazine we find the pages teeming with the stench of these advertisers. They disseminate almanacs, posters, family physician and receipt books, and pamphlets relating to the various diseases, whose pages describe diseases real and imaginary, ending at all times with the universal panacea—the patent medicine.

We see a man go into a drug store and call for cocaine or morphine. We are shocked. The query, "Who has been the cause of all this?" Some may say, "Oh! some doctor started him on the road." Far be it from them! This respectable man, once standing foremost among his brethren in the business world, had overworked himself and his nerves were unsteady. He noticed the glaring advertisement describing his case, so he goes to a drug or general store and gets the "cure all"! This apparently does wonders for him, but he gradually demands something stronger—something that will make his dreams of Utopia more vivid. He is aware of the nature of certain drugs (unfortunately the public schools teach those things). He calls for a small dose at first, under some pretext, and being a respectable citizen, the druggist will not refuse. This dose produces the desired effect. The dose grows larger and larger, and the man gradually sinks in the quicksand of pollution.

How many bright boys and girls of our land have come to the cup through the use of the much advertised tonics? Senators, representatives, society women, W. C. T. U. members, ministers, and, in fact, people in all walks of life certify to its great rejuvenating powers. Mothers even give it to their children. Is it any wonder the asylums, prisons and almshouses of the United States are rapidly filling with victims of "The Tonic"?

What do you think of the methods of some of these advertising "Doctors" who endeavor to educate the laity by trying to teach the alpha and omega of surgery and medicine by means of their books or pamphlets, and giving as their catholicon of treatment their *wonderful discovery*, whatever it may be?

A "doctor" of New York, another vulture seeking human prey, issues a booklet (mostly in foreign languages), which endeavors to teach the uneducated the science of medicine and surgery by illustrations and lectures. He places special stress upon diseases of women, obstetrics, and "special diseases of men." Obstetrics,

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gynecology and genito-urinary diseases are taught while-you-wait with the aid of his book and medicine. Gonorrhœa is cured in two days. Abortions are performed without any discomfort or illness whatever.

The patient spends his money on these drugs that sap away the vitality, and as a final resort goes to the ethical physician, who takes "I can't pay you now, but will as soon as I can" for his fee. The patent medicine man goes abroad, yachting, or rests at ease in his marble mansion by the sea, while his hirelings drug and rob the laity.

The itinerant specialists are those who travel from town to town and having their route so planned that they may reach each point monthly or bi-monthly. This practice is generally limited to such diseases as piles, cancer, diseases of women, rupture, or it may include the whole category of disease. These traveling specialists have a deficient knowledge of medicine, and could not earn a livelihood if they were to remain in one locality. They treat their patients by the month, their charges range from four dollars to as much as they can swindle out of the patient for each month's treatment. They bind their patients under contract to take several months' treatment for a certain amount, gets the patient's note, payable on each visit, which is endorsed by responsible parties. The itinerant generally disposes of the notes at the bank for cash, leaves the town with the money, and leaves the patient with his disease.

The local advertising specialist advertises under his own name, that of a "Medical Institute," or perhaps both. His business procedure is much like that of the itinerant. He may advertise to treat all diseases, or limit it to diseases of the ear, nose, throat, catarrh, lungs, and diseases of sexual organs. The treatment of the sexual organs appears to be a profitable specialty. In fact, one of these human vampires, in Pittsburg, Pa., cleared above all expenses fifty thousand dollars last year. It is said most people do not care to consult the family physician in such matters, and on suggestion of the advertisement drift into the hands of the advertiser.

The bold, offensive, misleading headlines of "Cured never to return," "One month's treatment free," "Free until cured," entice the patient to the office, and the process of "fleecing him" seems to be an easy matter. The glaring pictures of "Lost manhood," "The imebcile child born of a masturbator," or "A man insane from self-abuse," are, without doubt, vitiating to the mind. What is the influence of such prints upon the semi-educated of this decade? They are led to believe if they have two emissions a month they are doomed to a terrible death. The advertisers create morbid thoughts, that they may enrich themselves on the distress of their victims. This class of charlatans speak of syphilis and gonorrhœa as a plaything, to be kept for a time

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and disposed of with ease by the use of their medicine. What a delusion! This educates the youth to a fearlessness for venereal disease. They are ignorant of its direful results. Thus they go at large, spreading the worst contagion the world has ever known.

The special disease specialists are the highest type of advertisers. We find some of these men honest and very skilful in their specialty. They merit the title of their calling. They are conscientious and zealous in their endeavor to perfect their special work. In this class we find rectal, hernia, diseases of stomach, diseases of heart, lung, eye, ear specialists, many of whom would be excellent additions to ethical practice were it not for the advertising. Surely, it is argued, when one devotes his time and energy in perfecting a treatment for some special disease he should for humanity's sake advertise it to the world and reap some financial reward. A very poor argument and certainly a weak specimen of a physician indeed, if he cannot make a good living and at the same time do good work. Do Osler, Sem, Kelly, Keen, Da Costa, Williams, Tyson, Anders, et cetera, advertise? These men have perfected systems of medicine and surgery. What has been their reward? Certainly the blessings of the human race, and not only this, they have erected monuments to their own memory that will stand in the hall of fame for ages to come.

The mail order specialists yearly spend thousands of dollars advertising. Their returns for money invested is one hundredfold. Two hundred periodicals are published in the United States alone for the sole convenience of these advertisers. These "mail order journals" receive rates ranging from twenty cents to ten dollars a line. You can readily conceive the enormous amount that is spent in this advertising.

An advertisement in one of these mail order journals reaches people in all parts of the globe. They are printed in the language of the country of their destination, whether it is Iceland, Australia or Japan. Mail order specialists advertise a specific treatment for catarrh, obesity, kidney complaint, epilepsy, rheumatism, diseases of the eye, impotency, female complaints, asthma, consumption, deafness, stammering, etc. Free samples are generally the first bait thrown out. The sample loaded with a stimulant generally insures an order for a supply. The patient is strung along for months, until he is completely cured financially and then awaits until he recuperates sufficiently to bite on the next "good thing."

The advertiser usually supplies his prospective patients with question blanks, which they "fill out with a description of the case in their own language." The advertiser makes a diagnosis of the case and prescribes. The fee for such prescribing is from two to twenty dollars a month. The mail order patient is handled with care as long as there is "anything coming." Should the pa-

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tient get impatient and write an impudent and pointed letter it is answered with the greatest suavity, to solicit further confidence.

One of he boldest and most barefaced of advertising specialists in the central part of the United States goes yearly to his home —a little country hamlet in eastern Ohio—and there gets a number of boys off the farms. He drills them for a month or two, like a general agent of a publishing firm does his book agents, then places them in offices all over the United States, where they assume the dignity of full-fledged doctors. They examine, diagnose cases, and prescribe for thousands in different parts of the world. Thus flourishes the charlatan and his institutions, *ad nauseatum,* while the ethical physician labors night and day for the good of humanity and does more for sweet charity's sake than any one in the community and gets less for a month's labor than the charlatan reaps in one day.

"Have you any news?" These words seem to have an irresistible fascination for a great many physicians. They are wont to be pointed out as the doctor with a large practice and much skill. These men are quacks at heart. They think they should be their own trumpeters and scout at the old-fashioned modes of securing patronage by strict integrity and attention to one's profession. Merit is dubbed a "snail" and modesty "a fake." They assert that "a little unscrupulousness generally adds flavor to the greatest achievements." At the same time this class of doctors want to be in good standing in the profession. The puerile desire on the part of some physicians to see their photographs and names on the venomous and meaningless pages of a patent medicine almanac or newspaper is beyond understanding. Then again, to see the names of two physicians in good standing, sandwiched between three quacks, would give the laity the impression that there were signs of peresis in the ranks of physicians.

There are many noble men practicing pharmacy. These men are a great factor and deserve great credit for their part in the progress of medical science. It is very disparaging, however, to note the number who are unprofessional in every respect. One can call for treatment in ninety per cent. of the pharmacies in the United States and be prescribed for. Monthly cyclopedia of practical medicine says, "The responsibility of the quack medicine abuse is largely with the druggist. Until physicians recognize the absurdity of sending prescriptions to druggists who are systematically engaged in cutting the doctor's throats through the sale of quack medicines, and take some concerted action to end that abuse, people of average, ordinary abilities will continue to go to drug stores and buy fake cures for self-administration. There may be excuse for the country grocery store offering for sale the cough cures which are advertised along the highways, but the pharmacist who compounds the doctor's prescriptions should see the propriety of not working against the doctor's interest."

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Drug substitution seems to be a rapidly growing evil. If a doctor substitutes a drug of whose therapeutic value he is ignorant for "the old reliable" of which he is absolutely certain, he is certainly guilty of malpractice. How often does it occur every day? A doctor may receive a wagon load of "Clinical Excerpts" and "Suggestions," but he should have "self-knowledge" of the drug. The Journal A. M. A. of March 18, 1905, in its editorial colmns says: "The present status of proprietary medicines, their widespread use and liberal endorsement by so many medical practitioners is a matter that is inconsistent with rational ideas of science and progress that were it not for the ultimate object, the preservation of human life, the whole subject would, as it surely will in the future, appear most ludicrous and absurd. Few of us probably have considered how unreasonable and irrational it would be for a surgeon to follow the advice and direction of an instrument maker, as to when and how one should operate on a given patient, or how preposterous it would be for a lens grinder or even a glass manufacturer to dictate to an efficient oculist how to modify his prescriptions for lenses so that a single prescription would fit all eyes. Nevertheless, many physicians will listen willingly to the exaggerated and unwarranted claims regarding a secret nostrum, despite the fact that the people who are making and exploiting the preparations may be ignorant of even the fundamental principles on which the practice of medicine is placed. Is it, for instance, not unreasonable to suppose that individuals who are totally devoid of practical knowledge of pathology, physiology or even anatomy should by some fortuitous and unknown chain of circumstances be placed in a position to dictate to medical men how they should treat their patients, regardless of individual idiosyncrasies or possible complications?"

The above paragraph certainly speaks volumes. It is to be hoped that the Council on Pharmacy and Chemistry will solve this problem in the near future by finding a remedy for this pernicious practice.

Midwifery as a specialty for a woman who has completed a full course in medicine in a reputable school, is an admirable one, "a consummation devoutedly to be wished." Midwifery practiced by one who has served six months in a *"general hospital"* is certainly an abomination on the face of the earth. Of asepsis they know little, of antiseptics they know less. The "self-assumed midwife" is the individual that has had the "art" handed down from generation to generation. This is the one who, without washing her filthy hands, makes an examination, "breaks the water" and "greases" the "birth canal" with dirty lard "to make the birth easy." The law is lax on these individuals, who by the hundreds practice midwifery (without license) and receive a fee for their services. They infect fifty per cent. of their cases. The doctor is called at the eleventh hour, and should the patient die the doctor

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gets all credit. Amid the progress of civilization savagery still exists!

The percentage system appears to be an accepted factor among many of our physicians and surgeons who have attained the position where they may be called "learned" or "clever." Many of our doctors would be highly offended if they did not receive a percentage for each patient taken or referred to a surgeon. But it is not all a one-sided affair. Many surgeons and physicians of acknowledged ability solicit this work from the general practitioner, offering a percentage of proceeds. This is certainly beyond the scope of common sense. The doctor who has so perfected his work that patients may be referred to him for treatment should be amply rewarded for his work. He is dealing in perfected science, not in bargain-counter propositions.

It is a trying ordeal to hear one doctor "flaying" another. The "knocker" is a charlatan in every fiber and ever continues thus. This "doctor" does not have a friendly or good word for any but himself. He declares himself the "summa summerum" of perfection, and can cure any disease to which human flesh is heir. The other doctor is the personification of ignorance. The "knocker" runs at large in society and is the source of much harm. The high standard of requirements to a medical course which is gradually being advanced will possibly, in due time, subdue to a great extent this derelict.

The cut-rate of commercialism has permeated the professional ranks to an alarming degree in many sections of the country. It is not because of financial depression of a section or of poverty in general, but a superfluous number of physicians. In one of the best farming districts in central Ohio we find the doctors making calls for fifty cents, doing obstetrics for five dollars, and other work in proportion. Conceive a town of eight hundred inhabitants and six doctors, who barely exist. The old doctors endeavor to starve the young physician out by cutting prices to the above quotations.

Honorary service for industrial concerns is one of the most degrading factors in our commercial centers. Physicians and surgeons for railroads, mills, etc., receive what they call an equivalent for professional services rendered; high-sounding title, "Surgeon-in-Chief for —— Railroad," a "yearly pass over the road," salary ranging from one hundred to five hundred dollars a year. I am told, by good authority, that the "Chief Surgeon" for one of the largest railroads in the central west does on an average of four hundred operations a year and gets the enormous salary of five hundred dollars a year. Something over a dollar for each operation. These patients are usually able to pay the expense of an operation. Ofttimes this surgeon does not want to get up at night and will allow students to do an operation that possibly they never saw before. How many worthy surgeons who have spent

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money and the best part of their lives studying their profession are divested of means of livelihood by this method? How many men go to an untimely grave on whose headstone should be the epitaph "Honorary service"?

The contract doctor has been a subject of much discussion. J. F. Raub, in his article "The Contract Doctor in the Slate Belt," found in February number of The Pennsylvania Medical Journal, says: "The employees of slate quarries, then, were migratory beings, here to-day, gone to-morrow, neglecting to pay their physicians Those of us living on the border of the belt soon had our sad experiences, necessitating our refusal to do practice for these irresponsible migratory families unless our fees were guaranteed by the company. The contract system therefore became a necessity. . . .

"As other quarries developed it was found necessary, in each instance, to secure the payment of the physician for the company to guarantee it under contract. Of course, conditions have improved, the quarrymen, many of them at least, have improved their condition; have acquired property and are now responsible citizens. . . .

"What need there may be or may not be for the contract physician at the present time it is not the purpose of this paper to discuss, but personal observation and experience must convince every unprejudiced observer that under the peculiar conditions existing at the beginning of the development of the slate industry no other method could be substituted."

The above gives a clear description of the existing conditions at present, not alone of the slate belt but of the coal mining districts, gold fields and many other industries where laborers, who are nomadic by nature, are employed. A great number of them are economical to a miserly degree, while others spend every penny they earn on or before pay day. It is with these that the doctor finds his stimulus to financial activity. To get his money it is absolutely necessary to have it "stopped off" the pay roll by the company. It has been suggested that the doctor demand his fee on making his visits. The individual may pay for the first, second and third visit, then the plea will be "wait till pay day" or "I haven't the money just now but will get it for you in a few days." There "comes the rub." The doctor makes possibly fifteen or more visits and gets paid for three—thus he profits in experience only.

The nomadic individual will take treatment of Dr. Xray or depend on patent medicines until he is penniless, then at the critical moment the doctor is called to his assistance. These people ought to profit by experience, but they repeat the above course time and again. The itinerant individual with his ignorant desire for patent medicines and the advertising charlatan make the

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contract doctor—an undesirable factor; but he surely will exist as long as there are the contributing factors.

The above mentioned are but a few of the prostituting factors in medicine. Some of these factors I have barely touched upon. If I have called these things to the minds of the able writers and zealous workers for purity in medicine who will take up the gauntlet, I will feel that I have done something in the line of duty. We all know of their potentiality and their financial prosperity. The profession must protect the public.

What does the laity know about medicine? It is the duty of the medical profession to warn the laity of the snares and pitfalls of quackery, to have laws enacted protecting ourselves and the people.

It is appalling when we think that $75,000,000 is yearly expended for patent medicine in the United States alone. Convey this sum and millions yearly given to charlatans and quacks to a common treasury for the advancement of medicine and surgery. What a marvellous effect it would have on the medical profession. Better preparatory schools, higher standards of medical education with limitless facilities, higher and nobler ideals. Better men, women and children, morally, mentally and physically.

Fellow physicians, we must get into line. Work as a unit, and work as we never have before. We must begin *now*. Not next month or year. Every local, county, State and national association must work in unison.

The President of the A. M. A. can appoint at the coming session at Portland a committee to formulate a working plan for action in renovating existing conditions and make a plea for recognition in the President's Cabinet by creation of the office of Secretary of Public Health. This committee may co-operate with the Council in Chemistry and Pharmacy to great advantage. The committee can readily get the co-operation of the county and State societies. They in turn can solicit the assistance of the legislators. All that is required is "energy and push." Surely, it will be argued, legislators will not pass a bill to prevent prostitution in medicine with the millions of dollars and "pull" that will be arrayed against it by the patent medicine men and quacks? Perhaps not. Unfortunately for all humanity, legislators are elected by the people, and they should be vitally interested in the common weal. They certainly have the welfare of their own wives, sons and daughters at heart.

Again, fellow physicians, I say let us get into action—co-operate with the Council of Pharmacy and Chemistry and other reforms, and pull our profession from under the oppressive weight of quackery and charlatanism. Hasten to the assistance of all hard-working, honorable citizens and to downtrodden, suffering humanity.

Let us move as a solid phalanx across the field of honor, dis-

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seminating and annihilating the monsters that are degrading one of the noblest professions on earth, and plant our banner on the pinnacle of the temple that stands for *pure art and science in medicine and surgery.*

[Written for the Critic and Guide.]

THE VALUE OF A COLLEGE EDUCATION.

By Victor A. Robinson, New York and East Aurora.

Mankind is bewitched with phrases. Take the phrase, "law and order"; we are so used to this expression that we say it so naturally as we say "bread and butter." So if you are dissatisfied with the government under which you live, or refuse to vote, or are desirous of more freedom, and claim the peculiar privilege of publishing certain books not recommended by Anthony Comstock, or if you go still further and say you believe the human race would develop quicker and better were it not governed—in other words, just as soon as you admit you have no faith in law, you are at once branded as an enemy of order, a disturber of the peace, a rioter, a dangerous person. The mere fact that you can point out that often there is law and no order, and, on the other hand, order without law, is of no consequence. The Gibraltar-like phrase scorns all attacks. You may even quote, but without effect, America's greatest essayist, Emerson. Ralph Waldo Emerson says: "I am glad to see that the terror at disunion and anarchy is disappearing. Massachusetts, in its heroic days, had no government, was an anarchy. Every man stood on his own feet, was his own governor, and there was no breach of peace from Cape Cod to Mount Hoosac."

Another one of these cheerful phrases is "religion and morality," and pious people will tell you that to attack religion is but one step removed from attacking morality; and if you have no religion, you can have no morals; and if it wasn't for the Bible, no one would know what morality is, anyhow. The fact that you can point to the disgraceful lives of the beastly popes, quote Scripture that would make a horse blush, and tell them that George Francis Train was imprisoned for publishing certain parts of the Bible, seems to have no effect. And still another expression around which the ivy of superstition has clustered is "college education." When you hear parents say, "I intend to give my son an education," you know they really mean, "I intend to send my son to college"—but don't you try to explain that these are two entirely different things; your efforts will be wasted, and when the dear son graduates, he will be fondled by his parents, who will say, "Bless you, my boy, you're educated"—a proposition which he will admit.

At the Roycroft Chapel in East Aurora, not so very long ago, a symposium was read on the value of a college education. And this article is my young Hopeful's contribution to the subject. May his extreme youth be the apology, if apology be needed, for some of extreme views therein expressed. Editor.

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The fact that you can show that most of the big men of the world never went to college, or if they did go, stood at the bottom of the class, the fact that you can point out that neither our greatest modern statesman, Lincoln, nor our greatest poet, Walt Whitman, nor our greatest orator, Ingersoll, nor our greatest inventor, Edison, were college-bred men, goes for naught. We are bewitched with phrases.

Of course I believe every one who can afford it should receive what is called a college education. The value gained is perhaps worth the four years in time, and the one thousand dollars in money. But also I believe, and believe strongly, that the university is not all it should be; but on that point we cannot find sufficient ground to attack it—but the fact that it is not all it could be, gives us a loop-hole thru which to thrust our lance.

Whenever something is wrong with an organization or an individual, we are apt to attribute the disease to different causes, and "Who shall decide when doctors disagree, and soundest causists differ, like you and me?" But there is one truth which cannot seriously be denied—that one of the main reasons why the college course is not satisfactory is because it is controlled from top to bottom, from foundation to flag-pole, by its patrons, its rich donors, by men who give millions, so they can control the colleges, and see that no objectionable doctrines are taught there. The influence of these men can distinctly be traced in the kind of presidents and professors the colleges have. Take Francis L. Patton, who recently declared that Herbert Spencer was one of the "world's grandest failures." To tell you that Spencer was one of the greatest intellects that ever existed, is assuming that the synthetic philosophy is to you a blank. If it is true, and I think it is, that every great institution must have a big man behind it, what do you expect of Patton's?

Another man of this sort is the Chancellor of the New York University, who wished to have a law passed which would exclude from the colleges all the students who could not furnish a Sunday-school certificate vouching for their moral character. You see, this proves the point I made before—the Sunday-school boy is the moral boy, and if you don't go to Sunday-school you can't get the certificate, and so you're not moral. In the chapel of the N. Y. U., printed in letters of gold, is this dictum: "The fear of the Lord is the beginning of wisdom." Here is a maxim which would be improved vastly, were it changed slightly, to read, "The fear of the Lord is the end of wisdom." And let me tell you, the fear of anything is the end of wisdom. Are you afraid of your teacher? You won't learn. Do you expect the brain to grow, to expand, to blossom, when it is dominated by fear? Only in moments of pleasure do we absorb and learn.

The colleges teach many good and useful subjects—Political Economy; but what kind of political economy? There used to be

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a professor in college, and he was a Socialist; it was found out that there was a professor in college and he was a socialist, and then there wasn't a professor in college who was a Socialist. In recent years, however, I believe this rule has not been so strict. Socialism is becoming fashionable—that's why I dropped it. In Germany the professors who believe in socialism, but are opposed to putting it into practice, are allowed to retain their chairs. They teach science—good. That's the very best thing they could teach—but in such a sneaky, roundabout way do they do it that a student may take a scientific course, learn geology, study the testimony of the rocks, and read the history of the world back for millions of ages, which destroys the biblical account of the creation of the world in 4004 B. C.—he may learn astronomy, and scanning the heavens see circling 'round the sun countless worlds, compared to which this earth is but an atom—apparently it would seem that the student could no longer believe the biblical account that God took nearly sixty days to create this grain upon which we live, and only a part of an afternoon to make the rest of the mighty universe—he may even study the doctrine of evolution, and beginning at the simplest cell, at the lowest form of life, trace the development of that cell, step by step, prove every conclusion, until he arrives at the highest organism, at the most complex development—man; and this of course destroys absolutely the idea of the special creation of Adam and Eve, of the fowls of the air, of the beasts of the field, of the fishes of the sea—yet, incredible as it may seem, in such a way has this been taught, and in such a way has this been drilled, that this same student may still claim that the Mosaic, the Miltonic, the biblical account of creation does not conflict at all with science, and in some cases he may even descend to the absurd depths of Gladstone, who in his "argument" with Ingersoll, declared that Moses and Darwin agree.

I will give an instance or two of this round-about way of teaching. Sir John Lubbock, best known by his worst book, "The Pleasures of Life," says we should study science, even if it does sometimes destroy an ancient or poetic myth. Then very cautiously he relates an old Hindoo legend which science does away with. He passes quickly on, extremely careful to say nothing of the Christian or Jewish myths which science demolishes. Now, Lubbock is a scientist—he knows "there is not a dogma of orthodoxy, not a foundation on which that dogma rests," which is not swept away, which is not proved false, by the testimony of the fossils, by the glittering pagan-named stars, by the facts of evolution, by the origin of species, by biology and philolgy; but to say so would offend popular opinion, and Lubbock rests content within his shell.

In the lower grades we learn history, which is the record of men and events. Well, in this country there used to be a man,

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and he was the first abolitionist, the first man to declare in favor of negro freedom; also, he was the first man to declare in favor of woman's rights; also, he was the first man to advise us to separate from England and become a free and independent nation; also, when the colonial troops at Valley Forge were in despair, it was his wonderful pamphlet, beginning with the ringing line, "These are the times that try men's souls," that stirred those soldiers to fever heat and victory at Trenton; also, he was the first man to write the phrase, "The United States of America"; also, he was the first man to suggest the Declaration of Independence; also, he was the first man to suggest the Constitution under which we live; and yet you may go to school, from the first class to the last, from the lowest grade to the highest, and never once come across that man's name. You may look thru the indexes of a hundred text-books on history, and never once read that beacon-light—Thomas Paine. Nevertheless, as I said before, those who can go to college, should; and when those two baleful influences, the rich patron and the theological element, are eliminated, then indeed will the value of a college education be great, for then will the colleges produce individuals instead of machines, then will the teacher be free to really teach something, and present facts in their true light. Yes, go to college. Even now, in spite of patrons, a stubborn fact which all the text-books and rules of teachers cannot beat down, presents its head once in a while. Imperfect, unsatisfactory, and often one-sided as are our institutions of learning, yet upon every school-house I read the legend, "I am the enemy of superstition." And I therefore say, go to college if you can. But do a little thinking, a little studying on your own account. It won't hurt the college, it won't hurt you.

CALIFORNIA SYRUP OF FIGS.

EDITOR CRITIC AND GUIDE:

Our attention has been called to the December issue of your journal, in which there appears, upon page 157, a statement that California Fig Syrup and certain other preparations were rejected by the Journal of the American Medical Association, and on page 159 appear the following lines: "And looking thru today's issue (November 19th) we find Pond's Extract and California Fig Syrup and Labordine. I have nothing against Pond's Extract of Witch Hazel and the California Syrup of Senna, minus figs. They are good preparations of their kind, but it does seem to me somewhat incongruous to see the same products advertised in the yellowest papers, in the filthiest police gazettes and the alleged most ethical Journal, owned and controlled by the Medical Profession of America."

In reference to the statement on page 157, we think that careful consideration of the facts will convince you that the state-

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ment as made is not quite correct. We first commenced advertising in the Journal of the American Medical Association some fifteen or sixteen years ago, and some ten or twelve years ago we were informed that it would be necessary to submit our formula and wrappers and labels to the Board of Trustees, or a committee of same, to pass upon, and we did so, and as the formula and labels, etc., met with their approval, they ordered the advertising continued until the Fall of 1902. Some time during the Fall of 1901 Dr. Simmons wrote us that a new rule had been adopted by the Board of Directors, or Trustees, or the Committee in charge of the Journal, deciding upon a new regulation requiring all advertisers in the Journal to discontinue advertising to the laity and informing us that we would have to make our choice between complying with the regulation, or ceasing to advertise in the Journal. We wrote in reply that we would take the question under consideration, but that, in our opinion, as we had entered into a contract with the Journal, at the request of the representative of the Journal, for a year's advertising, at a time when no such regulation existed, the contract should be completed, regardless of our decision as to the new regulation. Dr. Simmons wrote in reply that he thought under the circumstances it was only just to us to complete the contract, and in the meantime we could make up our minds what to do. Realizing that we could save a great deal of money by not advertising to the laity, we thought very seriously of dropping out of the newspaper altogether, and as our contracts expired during the following Spring, we did not renew them for several months, but we finally concluded, the following September, that if we ceased advertising in the newspapers the public would be imposed upon to a great extent by the numerous imitations which had made their appearance in the market, and that, therefore, we ought to continue advertising to caution the public against imitations, and our annual contract with the Medical Journal having expired with that issue, we wrote to the editor that we had decided not to renew the contract, as we thought it necessary to resume advertising in the newspapers. The reply was to the effect that the October issue had already gone to press containing the advertisement, but that after that issue it would be discontinued, in accordance with our instructions. We wrote to them that we would pay for the insertion which was given in the October issue, as they had inserted it, expecting to continue the advertising, prior to hearing from us upon the subject, but not to publish it in future.

If you have files of the copies of the Journal from about 1889 down to 1902 they will show the statements to be true as to having advertised during that time, and our copies of the correspondence with Dr. Simmons will confirm the concluding statements which we have made in that connection, and we think, therefore, you will agree with us that not renewing our contract with the

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Journal, because of the new regulation, after having advertised in it for so long a time, is somewhat different from having an advertisement rejected, especially as the formula and labels, etc., had already been approved by the Board of Directors and as our laxative is not a secret remedy. We enclose herewith a pamphlet which will give you information as to the active principles of our laxative being obtained from senna, and the proportion of senna used, and if you think any of the statements therein made are not sufficiently explicit we will be pleased to submit such additional statements as will satisfy you that our laxative is not a secret remedy. We also enclose herewith an advertisement clipped from one of the daily newspapers, to let you see that we do not advocate indiscriminate self-medication and do not publish any lists of diseases, or symptoms, or testimonials, or guarantees, etc.; in other words, we avoid all statements which we think would be objectionable from a professional standpoint. We do advertise in the leading newspapers throughout the United States, and if that fact of itself is sufficient to prevent our remedy from being an ethical remedy, regardless of the way in which we advertise and of all other questions involved, then we will not quarrel with any one as to the correct meaning of the term "ethical," but we wish to mention in that connection that we do not and have never advertised in any "police gazettes," or other publications of an objectionable character, unless you so consider the leading newspapers of the country.

We wish to thank you for the statement made that our laxative is a good enough preparation of its kind, as we are glad to have you give it credit to that extent, and we do not ask that you correct any of the errors which we think you made inadvertently in your December issue, but we believe that, in view of the facts which we have stated and the evidence which we are prepared to submit in support of same, you will regard it as only just to us not to make any statements in future in the least contrary to the actual circumstances. In reference to our laxative not containing any figs, we would state that there is no reason in the world why we should not use all the figs necessary to promote the pleasant taste of the laxative, as chemists have been in the habit of combining figs and senna from time immemorial in the official Confection of Senna of the United States Pharmacopœia, and there is nothing that could be used which is less expensive, as they cost less than five cents per pound in carload lots, and that is the way we buy them, and can show the receipts for several carloads, each season, for many years past, each car containing from thirty to forty thousand pounds of dried figs. We can demonstrate to your satisfaction, if you desire us to do so, that they are pleasant to the taste, and that we do use them to promote the pleasant taste, although in small quantities only. In fact, as the proper proportion for that purpose is simply a question of taste,

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we did not use prior to 1896 more than about one per cent, of a concentrated extract of figs, while since that date we have been using from three to five per cent. of the extract, as we concluded that we could effect a slight improvement in the taste by using somewhat more than we had previously done, and still we do not claim and have never claimed that the active principles of our laxative are obtained from figs, or that it is made wholly from figs, but on the contrary, have expended hundreds of thousands of dollars advertising in the newspapers, as well as in medical journals, that the active principles of our laxative are obtained from senna and the carminative principles from certain aromatic plants, which are also facts susceptible of demonstration if you doubt the correctness of our statements.

We think, from the statement which you have made, that our laxative is a good preparation of its kind, that if in error as to any of the facts, you, at least, were not actuated by any hostile or malicious motives [we *never* are.—ED.], and therefore we have written to give you the above information. Yours very truly,

CALIFORNIA FIG SYRUP CO.

ETHICS OF GONORRHEA IN THE FEMALE.

This was the subject of a paper read before the Obstetrical Society of Cincinnati (*Cincinnati Lancet-Clinic*) by Dr. E. S. McKee of that city. The doctor reported several cases of a puzzling character which had given him considerable worry. Often he had been delicately placed between husband and wife, one or the other or both in trouble, and one or both trying to find out things not best for them to know or to keep things from the other member of the duo. One who had been his patient as a girl, married, and soon her husband came to the doctor, as a patient, and later suffering from gonorrhœa. His wife became suspicious and came to find out what was the matter with Jack. The doctor refused to tell her, saying that he would no more tell on Jack than he would on her, which had a decided effect because he had faithfully kept secrets for the wife. She was no fool, however, went to the public library, read up and settled in her own mind as firmly as only a woman can that Jack had the Clap. Their troubles were patched up, peace reigned, and in a few months she appeared with the gonorrhœa. War again, then a short truce, and now they occupy separate residences. The doctor queries of his hearers, did he do right by the wife who was his first patient and through whom the husband came to him, and was he over careful for the wife's good of the sacredness of the husband's secret?

A young husband came to me and frankly said, "My wife has the Clap; I gave it to her and want you to treat her." He went, found the diagnosis correct, and cared for the case till recovery.

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Shortly afterward they moved to St. Louis, forgetting to pay. A few years later a still stranger thing happened. They began each to pay in installments of $5.00. They kept about neck and neck and the doctor kept still. When both had paid in full the wife's money was returned to her. Later the anxiety of both to pay the bill was explained by the filing of divorce proceedings on the part of the wife. The doctor was summoned five different times to give his deposition and each time refused, claiming privileged communication. A constable was called and he was placed under arrest. He was brought before Judge Hollister, the case argued and taken under advisement. He appeared three times before the judge and was finally ordered to testify as to what the husband had told him as to infecting his wife. The argument was, that the husband was not the patient, the wife, the patient, wanted the testimony given. Hence it was ordered given. Had the wife not wanted him to tell he would not have been allowed to tell. Still the husband came to him as a physician, talked to him as a physician, asking him to treat his wife, giving him such information as he thought necessary to best enable him to handle the case. The law is that the doctor, minister or attorney cannot be compelled to testify what professional knowledge he has about his patient, parishioner or client unless he or she wishes him to do so. Most attorneys who discussed the case thought the judge's decision wrong.

A patient came into the doctor's clinic at the Medical College, of Ohio, suffering from gonorrhœa. She forbade him telling the students what was the matter with her, as she had a personal acquaintance with some of them. The doctor queried what was his privilege in this case and what were the rights of the clinic patient. Certainly he said they have rights.

The last case the doctor reports is that of a very beautiful young girl whom he follows in poetic language from her youth through girlhood, young womanhood, learns of her seduction, miscarriage, infection with gonorrhœa, and watches the case till she is finally safely married to her villain. He discussed many delicate points which came up during her engagement, and is often in a quandary whether to interfere and tell what he knows or keep still and let matters take their own course. Recalling the fact that—

"Those who in quarrels interpose
Most often wipe a bloody nose,"

he decides that silence is wisdom and keeps still till the man who seduced and diseased her finally marries her and has a chronic quarrelsome invalid saddled on him for life. No difference what his punishment will be in the next world he will "get it good" in this.

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THE PROPRIETY, INDICATIONS AND METHODS FOR THE TERMINATION OF PREGNANCY.

Frank A. Higgins, M.D., Boston.

It is apparent that there is a strong tendency generally in the medical profession toward a broadening of the indications for the termination of pregnancy. It seems that the wisdom of this can scarcely be questioned. While it may be said that this may open the way for the not overconscientious physician, by distortion of the symptoms and indications, to perform abortion in many unnecessary cases, it is believed that this will not be true to any large extent, as the great majority of physicians are undoubtedly honest in this respect as in other things, and are no more likely to go astray than formerly. Temptation and opportunity are always present for those who may wish to take advantage of it. That errors of judgment or of unintentional misunderstanding may occasionally arise there is no doubt.

I believe I am right in stating that it has always formerly been considered that the termination of pregnancy was indicated only in the presence of some acute condition which immediately and seriously threatened the life of the mother, such as pernicious vomiting, hemorrhage, convulsions or the toxemia of pregnancy. On the other hand, in diseases not of an immediately threatening nature, but which usually become dangerous at or near the end of pregnancy, such as certain forms of heart disease, chronic nephritis, diabetes and phthisis, abortion was not to be thought of as a prophylactic measure early in pregnancy as a preventive to the progress of the diseased condition. But, if late in pregnancy the disease should come to threaten the mother's life, then induction of labor was entirely justified. That is, if the woman became pregnant, she was held in a way to be directly responsible for that pregnancy, and nothing could be done immediately to prevent a probable dangerous condition in the future, or to stay the advance of a serious disease which pregnancy was almost sure to aggravate.

That there is a change in belief and also in practice is seen by consulting the older and the newer text-books on obstetrics. The former, as a rule, hold that induction of abortion is justifiable only when the patient is suffering from such grave disease that her life is in imminent peril, while the more recent works grant that the termination of pregnancy is entirely justified to prevent the advance of what might later prove to be a fatal disease.

Accordingly, then, we have under these somewhat changed conditions what may be known as the medical indications for abortion in early pregnancy. These are seen chiefly in the presence of a certain few chronic diseases which usually become seriously aggravated by the occurrence of pregnancy.

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TUBERCULOSIS.

Tuberculosis is, perhaps the most common of these conditions. I believe it was formerly held that tuberculosis was kept in a quiescent state during pregnancy, or even that pregnancy exerted a favorable influence on tuberculosis. Contrary to this former belief, we now know that pregnancy has a most unfavorable influence on the course of tuberculosis. In many patients, even with incipient phthisis, the disease makes such rapid progress that by the end of pregnancy the patient is hopelessly overcome by it, and often scarcely able to outlast the labor. It is conceded that cases of early tuberculosis in which under proper surroundings and medical care a cure might easily be effected, when subjected to the extra strain of pregnancy, rapidly become in a condition beyond the reach of medical skill. If, in such a patient, the pregnancy is terminated early, the prognosis for complete recovery under suitable treatment is often good, and the patient may live to bear healthy children in later years. Otherwise the mother's life is kept in grave danger for the sake of the child, whose chances are not too favorable when born under these circumstances.

A case of this nature was seen by me in consultation recently. The patient was a young woman, married one year, apparently perfectly healthy at marriage. No trouble was noticed till about the time she became pregnant, when she was found to have early tuberculosis of the lungs. As pregnancy advanced, she ran down very fast. In the later weeks of pregnancy it was largely a question whether or not she would live till labor began. Her labor was easy, but after a short first stage she was delivered by forceps under light anesthesia. She survived the labor only about a week. Under an early induced abortion and suitable treatment, it seems that she might have recovered and lived to bear and nourish other children.

On the other hand, there is much less danger from pregnancy to the mother in the more chronic forms of tuberculosis. Many of these women bear several children before apparently any serious burden is added to their condition. A patient whom I have had under observation through four pregnancies is a notable example of this condition. Nine years ago she had an operation for tubercular empyema. She made a fair recovery, but has had a cough and expectoration since. In this time she has had four children, the last after induced labor for serious symptoms at the seventh month. Her condition from year to year has not changed much until recently, as the first three pregnancies were endured without disturbance. There is little doubt that if she had not been subjected to the strain of these repeated pregnancies she would to-day be a comparatively well woman. She has repeatedly been advised not to become pregnant, but it is a case in which one would not feel justified in performing abortion to relieve her of the pregnancy because of absence of acute symptoms, and because

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the disease did not appear to be making notable progress. In fact, no serious symptoms were shown at any time until near the end of the last pregnancy, and labor was then promptly induced.

It has been considered that unless abortion was performed early in pregnancy in tuberculous subjects, that it was unwise to interfere, and often in the latter part of pregnancy it has seemed as if nothing were to be gained by the induction of premature labor. Yet in experimental work in pregnant animals inoculated with tuberculosis, when early abortion occurred, the mothers survived longer than when the pregnancy was advanced or went to full term. Moreover, my experience with the patient mentioned above would seem to controvert the idea that in such a case nothing is to be gained by inducing premature labor, because of the feeling that the mother's condition anyway is hopeless. This premature infant, now nine months old, is in good condition, and the mother, who has gone from the city to live in Sharon, is gaining fast, and bids fair to obtain a new lease of life. At the seventh month, when labor was induced, it seemed that she would not survive till full term if pregnancy were allowed to continue.

Pregnancy in certain women with a bad family history may almost be regarded as a predisposing cause of tuberculosis, and some statistics seem to show that a number of cases of tuberculosis develop largely as a result of pregnancy. While we might consider it impossible to terminate pregnancy in a person with merely a marked predisposition to tuberculosis, yet undoubtedly it would be perfectly proper in such a case to strongly advise such a woman not to subject herself to the risks of pregnancy.

HEART DISEASE.

Heart disease is a condition which often may not require the interruption of pregnancy, although in its presence the patient should always have the most careful oversight. Many women with heart disease go through pregnancy without any discomfort whatsoever. The appearance of any signs of cardiac disturbance early in pregnancy, I believe, is an indication for early interference with the pregnancy, because with the increased size of the uterus there is certain to be increase of the cardiac disturbance, and the mistake of waiting too long is easily made. Because under rest in bed and tonics, the patient for a while seems to be doing well and gaining, it is no indication that she will be able to continue through the pregnancy, since rapid changes may occur later, and then interference is likely to end in the death of the patient.

NEPHRITIS.

Chronic nephritis is usually an indication for the early interruption of pregnancy; not that a considerable number of cases would not survive the pregnancy, as the danger of the onset of eclampsia is small, but the kidneys are left in a very bad state after delivery. It has been shown that about 33 per cent. of

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women with chronic nephritis who go through pregnancy and who survive labor die not long after, while the fetal mortality in patient delivered at term is high, and has been estimated to be about 60 per cent.

Bovée has recently called attention to the fact that pregnancy is dangerous to women after removal of one kidney, and even although the remaining kidney is sound, he advises prevention of conception, or, in case conception occurs, the induction of abortion.

In the acute nephritis of pregnancy, or in the so-called toxemia of pregnancy, emptying the uterus may not always be the first indication, even in the presence of convulsions. If, under thorough treatment, the symptoms do not relax, but the condition grows progressively worse, then there is usually no question as to the treatment. A discussion of this, however, would bring up the treatment of eclampsia, which I do not wish to do now.

OTHER CONDITIONS.

There are a number of other chronic maternal diseases, such as grave anemia, diabetes, chorea, etc., none of which are very common in connection with pregnancy, but all of which may become serious, and in the presence of the severer forms of which termination of pregnancy is usually indicated.

Another maternal condition which, although not recognized as a separate disease itself, presents all the difficulties in treatment of serious disease, is the pernicious vomiting of pregnancy. There is little new that can be said in regard to its cause or treatment, although I believe it should be classed among the toxemias of pregnancy. Many cases yield only when the uterus is emptied. When the vomiting is continuous, regardless of the ingestion of food or liquid, and when absolutely at rest in bed, the patient rapidly becomes weak and exhausted, rectal feeding suffices for only a short time, and the indications for terminating the pregnancy rapidly become prominent. All writers insist that the operation must not be postponed too long, and I would simply repeat the same. While most cases do well and recover quickly after delivery, yet not all do, and I have recently seen two fatal cases. The first was undoubtedly fatal from the start, as she was in very poor condition. She was under the care of a most careful practitioner, and the operation was quickly done under very light anesthesia. The second case proved fatal because of delay owing largely to the religious question.

Acute diseases arising early in pregnancy are not usually an indication for emptying the uterus, but in the presence of most of the acute infectious diseases when severe and accompanied by high temperature, fetal death and abortion are apt to occur. Late in pregnancy it is usually conceded better not to bring on labor, especially by rapid dilatation and delivery, as labor often tends to

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aggravate the symptoms. If labor intervenes, however, it is usually well to hasten its termination in a moderate way.

In acute conditions when there is threatening the loss of any of the special senses, such as the eyesight in Bright's disease, or the mind in melancholia or other nervous affections, there should be no question of the propriety of terminating the pregnancy.

The foregoing comprise the chief medical conditions for which the induction of abortion is apt to be indicated. In addition there are certain surgical conditions which it is only necessary to mention in this connection. Pregnancy with tumors in the pelvis, cicatrices and tumors in the vagina, and incarceration of the retroverted pregnant uterus, are now better treated by other methods than by the induction of abortion. Early pregnancy with cancer of the cervix is probably best treated by a prompt operation for removal of the whole uterus.

The method of procedure in pregnancy, complicated by contracted or deformed pelves, is not nearly so difficult a problem as formerly. It would be an extremely rare instance in which one would now be justified in emptying the uterus early in pregnancy because of any degree of shortening of the pelvic diamters, and then only in the presence of some positive contraindication to the cesarean operation at term,

On the other hand, I believe that the mother does have a right to say for herself whether she prefers to have cesarean section performed at term, or to have labor induced at the seventh or eighth month, although we know that the mortality of the premature fetus, even at the thirty-sixth week, and when surrounded by the most favorable conditions, has been very high, probably in the vicinity of 50 per cent.

Induction of labor is usually indicated in placenta previa as soon as the diagnosis is made, although in a favorable case one may be justified in waiting for a short time, when the fetus is approaching the viable period, and the patient can be carefully watched and kept at rest.

I am aware that occasionally in connection with this subject the religious question seriously confronts the physician, and he must always be careful to respect the belief of the patient and her family. The physician, however, can not let this influence him in considering his patient's condition. If the termination of the pregnancy is, in his opinion, necessary, then it becomes his duty to advise it. When the circumstances are such that the spiritual adviser forbids an operation, it is sometimes very difficult for the patient and her husband to decide the question, but in the presence of the severer forms of disease, the condition of the patient is so distressing that they rarely hesitate long.

The position of the Roman Catholic Church in this matter I regard as perfectly just and logical. We could scarcely expect a religious body which stands for morality to do any other thing

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than to forbid the taking of life, even when intrauterine and before the viable period. I believe that the strenuous position of the church in this matter, in many instances, may prevent the operation for criminal abortion, and in the long run I imagine it may preserve many more lives than are sacrificed to religious scruples. I also believe that the penalties are not too severe, when abortion is done for serious conditions, by a physician and against the advice of the clergy.

METHOD OF OPERATION.

The operation of emptying the uterus in the early months of pregnancy is not usually a difficult one nor severe for the patient, under proper conditions. It can be done quickly with the curette and under very light anesthesia, so that except in extreme cases there need be very little anxiety for the patient as a result of the operation. In the later months, induction of abortion or premature labor, if performed under proper aseptic precautions, is of itself practically without mortality to the mother, and it is not difficult of performance in most cases.

The most common method in use for the induction of premature labor is to insert a bougie into the uterus and keep it in place by vaginal packing. Its chief objections are that it is frequently slow in action, and also it is said to be not always certain. I have adopted this method in a considerable number of cases in which there was no reason for haste, and the result has always been accomplished. The longest time before labor started after introduction of the bougie has been four days. It is good practice at the end of twenty-four hours, if nothing has been accomplished, to withdraw the vaginal packing, carefully clean the vagina and insert a second bougie, and to repeat this again on each succeeding day till labor pains begin. The bougies should not be removed after the pains begin till labor is well under way, otherwise the pains may quiet down. The first bougie may be difficult to insert and may require a little ether to dilate the cervix and to separate the membranes which may be attached just about the internal os, but after these membranes are separated a little from below, I have never found any difficulty in inserting the bougie. Lately two bougies have been inserted at the start, and I believe that the two have proved more efficient in stimulating pains than one. I have never ruptured the membranes to induce labor, as I believe their preservation may be of importance.

The employment of the colpeurynter or of Voorhees' inelastic bag as a means of inducing labor is highly recommended, especially where the membranes are ruptured or where time is not important. The cone shape of the bag causes it to act as a cervical dilator much like the unruptured amniotic membranes. The chief objections to its use are that it is often difficult to properly insert, and there is danger of displacement of the presenting part resulting in prolapse of the cord. The cone-shaped inelastic bag is un-

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doubtedly the best substitute for nature in suitable cases and it almost always acts as an efficient stimulator of pains.

The injection of fluids into the uterus as a means of inducing labor is not to be recommended as serious results have ensued even from the introduction of sterile water.

Other forms of induction of labor worthy of serious consideration are those by which the results are accomplished by forcible dilatation of the cervix either by the hand or by instruments. Deep cervical incisions after the method of Dührssen of Berlin find only a few advocates, and most conservative men hesitate to adopt the practice because of its very obvious dangers.

There are commonly three methods of manual dilatation of the cervix: First, when one hand is approximately brought into the shape of a cone and pushed as a wedge into the cervical canal. Second, by which one hand is used and one finger after another gradually introduced into the cervix, and separated. Third, the bimanual method, by which two fingers of each hand are introduced and then separated. In manual dilatation of the rigid os, the greatest difficulty is often encountered in forcing the cervix open, and only after repeated attempts by first one hand and then the other, and by all known methods is one successful in accomplishing dilatation. But even after the closed fist can be inserted and pulled out through the os there is often great difficulty in the delivery. Manual dilatation in many cases can not be considered at all satisfactory, but until recently it has been the only possible thing in most cases in accouchement forcé.

Complete instrumental dilatation of the cervix for rapid delivery is rather a new proceeding, and is still *sub judice,* owing to the fact that there has never been until recently any instrument devised which could efficiently and thoroughly dilate the cervix up to the full dilatation.

Many men object to instrumental dilatation as a dangerous procedure because of the danger of deep cervical lacerations, but in many cases it is impossible to dilate the cervix by hand and not cause tears. Williams, who is not in favor of the instrumental dilatation, altho he speaks guardedly, in a recent article reports two fatal cases of rupture of the uterus after manual dilatation in accouchement forcé, also seven other cases in which deep tears of the cervix required immediate operation for control of the hemorrhage. I am myself cognizant of several cases of rupture of the uterus which have occurred after manual dilatation.

Any contention over the use of methods or of instruments can be settled, I believe, in only one way, and that is by the results of the individual operator. If one finds that by adopting certain methods he obtains better results than by others, then that method is by all means the one for him to pursue. Other observers may get different results and naturally make their deductions accordingly. To the average man the operation which accomplishes

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the result in the easiest manner and with the least damage is the most satisfactory, and that operation, whether it be by hand or by instrument, is the one for him to adopt.

That there is a certain legitimate demand for a mechanical dilator of the cervix in pregnancy and in labor is, I believe, plainly evident. This demand is attested by the various instruments which have already been devised for this purpose, although no one of these, except the recent one of Bossi, has ever met with much approval outside of the hands of its inventor. The danger of tearing the tissues is, I believe, in many cases not as great with the metal dilators, if they are used properly and carefully, as it is with the hand attempting to force itself into the closed cervix.

I have found that the use of the instrument gives one the greatest feeling of security because of the comparative ease with which the work is accomplished directly under the eye of the operator, where the speed may be increased or diminished according to the readiness with which the cervix stretches. The unopened os can be fully dilated from twenty to thirty minutes, but with the instrument it is not so much a question of how fast the os may be dilated, but, on the contrary, it is altogether a question of how fast the cervix will admit of being stretched, and only so fast should the dilating arms be expanded.

DISCUSSION.

Dr. C. Lester Hall, Kansas City, Mo., said that the objection to the induction of premature labor is held not only by the Roman Catholic Church but by us all. It is dangerous to discuss this question before the general profession, and it is particularly dangerous for the public to have the impression that labor can be induced prematurely without danger. As operators, we know it can be done, and we are prepared to do it in certain cases, but those who deal with women and their weak husbands know that there is a constant outcry, even among good people, for the bringing about of this very thing. Speaking from a moral standpoint, when a woman, because of a contracted pelvis, heart disease, or some other condition that may jeopardize her life, can not bear children, we should suggest methods for preventing impregnation rather than to suggest remedies for getting rid of the fetus. That, too, is a moral question that confronts us and each must decide for himself. There is a feeling of sympathy on the part of the husband, and a great regard for his own comfort, that makes him agree to the induction of labor when his wife begins to vomit and suffer otherwise. Vomiting of pregnancy, while it is one of the most distressing things in the world, can be endured the longest. The correction of a displacement, the treatment of an erosion of the cervix, not carried to the extent of producing an abortion, but simply local applications, with rest and moral suasion, often will correct the trouble. The induction of labor should be a last resort.

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Dr. C. S. Bacon, Chicago, said that in considering the induction of labor in cases of chronic heart disease, nephritis and tuberculosis, we must consider not only the disease, but also the social condition of the patient. The patient may be in a condition that makes it impossible for her, under ordinary conditions, to carry the pregnancy to term without a spontaneous abortion, or without suffering seriously in health. If the woman can have the very best care, and can remain in bed during the latter part of her pregnancy, have a good nurse, etc., she may go through her pregnancy very well. Hence the circumstances of the patient is a point we must take into consideration. Vomiting of pregnancy is an indication for the induction of labor that must be handled with great care. The proper treatment of this condition is not understood nor generally followed. It is customary to neglect the first symptoms, or to make light of them. The patient is allowed to be around until she is in a very serious condition. Put her to bed, starve her for a time, eliminate in every possible way and usually she will get along very well.

Dr. R. W. Holmes, Chicago, said that the induction of abortion is largely an ethical and religious one, while the induction of premature labor is purely a matter to be decided on its scientific merits. The former is absolutely prohibited in the Catholic Church, while the latter is permitted, as it is not done with the intention of directly injuring the child. Abortions are sometimes necessary for the preservation of maternal life; the conscientious physician must inform the family of the stand of their church, must inform them of the necessity of the procedure, must inform them of the true conditions and the serious consequences if the pregnancy should continue and let them decide the course to be pursued. If the decision is contrary to his opinion he may easily and gracefully retire in favor of another practitioner.—J. A. M. A.

MEDICAL ASPECTS OF DREAMS.

That morbid fears and obsessions appear in the dreams of neurasthenics long before they occur during waking consciousness has been noted by most careful psychological observers. The brain has been compared by De Quincey to a "palimpsest—an antique vellum parchment—whereon successive generations recorded their historic events, or the creations of fancy, the legatee erasing, as he vainly thought, the previously-written narrative to make room for his own. The same piece of vellum might thus be made to bear the text of a Greek tragedy, afterward a monastic legend, and finally, written upon both, the story of some medieval romance. But, falling at last into the hands of the first ardent students of chemistry, its written treasures were discovered to be, like the maid in the gospel, not dead but sleeping, and a way was soon invented of bringing them to light again. Suitable reagents were

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applied, when lo! the scrolls, which had so long defied the scrutiny of the keenest eyes, were revealed, sometimes in the order in which they had been long ago written down, but oftener in a state of perplexing confusion and admixture."

The brain during even normal sleep responds much more actively to reflex impressions than during the waking state, where the logical inhibitions are in full force and potent. Sense impressions are thus during sleep rapidly transmuted into delusional illusions. This was shown by Maury the physiologist nearly forty years back. Tickling his nose with a feather caused him to dream that a pitch-plaster, which he imagined to have been put upon his face, was violently withdrawn, giving him acute pain. A tweezers sounded close to his ear gave him a dream of the ringing of church bells, and, by suggestion, the sound of the tocsin with images of the political events of June, 1848. Eau de Cologne held to his nostrils made him dream of a perfumer's shop in Cairo, Egypt, in which he had formerly been. A few drops of water sprinkled on his brow suggested a vision of Italy, a sensation of great thirst, and a cooling draught of Orvieto. A red light carried before his closed eyelids gave him a dream of storm and lightning, suggesting also recollections of a tempest. In a case reported by J. J. O'Dea (*Journal of Psychological Medicine*, vol. vi) a physician slept in a cheesemonger's over night. A barrel of strong old American cheese had been recently unpacked in the house, and its odor had strongly impregnated his room. In addition to this annoyance, just as he was beginning to feel drowsy, he was disturbed by the noise of rats gnawing in the wall at the head of his bed. In spite of it all he at length fell asleep, and dreamed that he was in a savage country, and on account of a crime condemned to imprisonment in a huge cheese. Into it he was put, and one can better imagine than describe how he suffered from the stifling atmosphere. He had not been long a prisoner when a legion of rats attacked the cheese. At it they went, tearing away with their terrible teeth until they pierced its wall, and were directly gnawing at his flesh. In the midst of his agony he awoke, to find it all a dream, but at the same time to feel that he was thoroughly sickened by the disagreeable cheesy odor of his room.

The anxiety, mental states and psychoses are very frequently preceded by cardiac disturbances with dreams during sleep, the cardiac disturbance and resultant anxiety persisting on awakeening, although the dream is lost. Sometimes the erythema of autotoxic neurasthenia and congenital metabolic defect, as in a case recently reported, appears during sleep, suggesting exposure to intense sunlight, and on awaking the subject is astounded by the skin simulating sunburn. As a rule during sleep the inhibitory powers of the forebrain are weakened, whence the increased suggestion from peripheral sensations. Dreams are hence at times of clinical importance.—*Medicine.*

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Pyohemol. This substance is obtained by dissolving camphoroform in carbolic acid. Clear, transparent liquid, becoming discolored on exposure to light, of a disagreeable odor; soluble in ether, alcohol and fixed oils. Its properties are antiseptic and hemostatic; also used as an inhalation in pulmonary tuberculosis. Externally in 10 to 20% strength, in solution (glycerin) or ointment.

Pyoktanin, Blue. Pyoctanin Cerulem. Penta-and metamethyl-rosaniline hydrochl. Methyl violet C. P. Deep violet crystalline powder, sol. water (75), alcohol (12), glycerin (50); the solution is very diffusible in animal fluids. Antiseptic, analgesic. Used in diseases of eye, ear, throat and nose, gonorrhea, wounds and ulcers and malignant growths, etc. in solutions of 1 : 1000 to 1:100. In gastric and vesical carcinoma it is given in doses of 1 to 5 grs. in capsules, first once, then three times a day. Maximum single dose 10 grs. It is incompatible with alkalies and mercuric salts. Stains produced by it may be removed by washing first with soap, then with alcohol. For convenience of application it also appears in the form of pencils.

Pyoktanin, Yellow. Apionine. Medicinal Auramine. A bright, yellow powder. Sol. in water and in alcohol. Antiseptic. It is much weaker in its action than the blue pyoktanin, and its use is limited to diseases of the skin.

Pyramidon. A derivative of antipyrine (one H in the latter being replaced by a dimethyl-amido radical). Yellowish white crystalline powder, tasteless, soluble in about 10 parts of water. Antipyretic and antineuralgic. The action is said to be milder than that of antipyrine, but more lasting. Dose 3 to 20 grs. Is recently coming into quite extensive use.

Pyrydin C_5H_5N. A liquid found in coal tar oil and possessing strongly basic properties. A colorless liquid when pure and fresh, of an exceedingly disagreeable suffocating odor and pungent taste. Soluble in water. Antiasthmatic, 20 to 60 drops being poured on a saucer and allowed to evaporate near the patient. It is quite effective in some cases, but some of my patients preferred their asthma to the smell of the pyridin and asked for some other means to relieve their distress.

Pyroglycerin. Synonym for Nitroglycerin.

Pyrosal. Aceto-salicylate of antipyrin. Colorless crystals, sour taste, with difficulty soluble in the ordinary solvents. Said to contain 50% of antipyrine and 37% of salicylic acid. Dose 5 to 15 grs. 3 times a day.

Quinalgen See Analgen.

Quinic Acid. $C_7H_{12}O_6$. An acid present naturally *cinchona bark*. A white crystalline powder, soluble in water. It is said to limit considerably the formation of uric acid, and is recommended, in combination with lithia, piperazine, etc. in the goutic and lithemic diathesis.

Quinine betanaphtol sulphonate. Quinaphtol. Chinaphtol. Yellow powder, of a bitter taste, insoluble in water and in alcohol. Antiperiodic and bactericidal. Dose 8 grs.

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Quinine Lygosinate. An orange-yellow powder, slight aromatic odor bitter taste, insoluble in water, soluble in alcohol and in 20 parts of boiling oil. Used in powder form or in 10 per cent glycerin mixture. Claimed to be a good antiseptic and deodorizer; used in wounds, ulcers, caries, etc.

Quinolin. Chinolin. Leucolin. C_9H_7N. A tertiary amine, exists naturally in coal-tar; and may be obtained by the distillation of quinine or cinchonine with KOH. Now prepared from anilin, nitrobenzol etc. A colorless liquid turning yellow on exposure. Practically insoluble in water, soluble in alc. and ether. Antiseptic. In 1 to 500 sol. as a mouth wash, in diphtheria etc. As intestinal antiseptic 15 to 30 min.

Quinopyrine. Chinopyrin. A combination of quinine hydrochlorate (3 parts) and antipyrin (2 parts). Easily soluble in 2 parts of water, and appears in the market in the form of a concentrated solution. Used hypodermically in malaria in doses of 1 to 2 C.C. of the conc. solution.

Resaldol. A condensation product of saloform and resorcin. Yellowish-brown powder, odorless, astringent taste, insoluble in water and dilute acids, soluble in alkalies. Intestinal astringent and antiseptic. Dose 5 to 15 grs. 3 to 5 times a day.

Resorcinol A compound obtained by melting equal parts of resorcin and iodoform. Brownish powder, slight iodine odor. Substitute for iodoform and resorcin. Applied either in powder form mixed with 1 to 4 p. of starch or in 5 to 15% ointment. Remember that resorcinol is also the correct chemical appellation of resorcin.

Retinol. Yellowish oily liquid obtained by the destructive distillation of Colophony (resin) Employed at one time as a solvent for various organic substances, especially as a vehicle for remedies in skin diseases.

Rhamnin. A trade-name for fluid extract of buckthorn bark, Rhamnus frangula. Also for the extract, which is on the market in tablet form; Tabulettæ Rhamnini. One tablet is said to represent ½ oz. of the fluid extract.

Rheumacilate. A trade name for methyl salicylate or synthetic oil of wintergreen or oil of sweet birch.

Rheumatin. See Saloquinine Salicylate.

Roborat. A new albuminoid dietetic preparation prepared from grain. Fine white odorless and tasteless powder. With water or similar fluids (milk, soups etc.) it forms a uniform emulsion. Claimed to contain a large amount of lecithin and glycerophosphoric acid. Easily digested and well absorbed even if given by enema.

Rotterin. A wound antiseptic, said to have the following composition: zinc chloride and zinc sulphocarbolate āā 1.25 Gm., boric acid 1.0, salicylic acid 0.3, citric acid 0.05, thymol 0.1, sodium chloride 0.12, distilled water, 1000 C.C. Also in the form of tablets.

(To be Continued)

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223.—Aconitini ..... gr. j

Div. in pil. No. 24. S.: One pill twice a day.

The author received this prescription with a note asking whether the dose was too large. There is not a single drug or chemical in the entire range of the materia medica the dosage of which has caused so much trouble to physician and to dispenser alike as aconitine has; and this is due to the fact that there is no other drug which varies so much in strength as do various samples of aconitine. Of two samples of aconitine one may be many times stronger than the other. It is time for physicians and pharmacists to know that substances like aconitine, digitalin, etc., are not absolutely distinct entities such as potassium iodide or sodium bromide. The name of the manufacturer is of little importance when the common chemicals are ordered, but it makes all the difference in the world in the case of aconitine or of digitalin. I always claimed that in ordering aconitine, the kind wanted (whether amorphous or crystallized) and the name of the manufacturer should always be specified. Otherwise a dose might be prescribed which will one time produce no effects whatsoever, and the next time prove fatal or nearly so. In the new edition of "Hager's Handbuch" (1899, page 151) it is distinctly advised to buy aconitine preparations directly from the manufacturer "in original packages, having it stated exactly what quality the preparation is and what its maximum dose."

Aconitine cryst. Merck, and aconitine Duquesnel, are practically identical, and their dose may be stated to be from 1-600 to 1-100 grn. Under no considerations would the writer prescribe or advise a pharmacist to dispense more than 1-100 grn. of crystallized aconitine; he may go as high as one 1-60 provided he is sure that the physician is fully aware of the potency of the drug. The amorphous variety may be prescribed in larger doses. What answer was given to the inquirer regarding the above prescription? On looking into the medical directory, it was found that the physician who wrote the prescription belonged to the eclectic school; there was then no doubt that it was the eclectic resinoid powder that was intended. Of this the dose is from 1-24 to 1-12 grn., and as much as ⅛ grn. may be given. The druggist was thus advised, and subsequent inquiry from the physician proved that this was correct.

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224.—Quinin. Sulph. 3ij
Ac. Sulph. Dil. ..... q. s.
Salicini 3vi
Syr. Rubi Idæi ..... ʒi
Aquæ ..... ad ʒiv

A correspondent writes that on mixing the quinine with the acid and some water he obtained a perfectly clear solution, but on adding the salicin a precipitate formed at once. "What was the precipitate due to? Was quinine salicylate formed or was salicylic acid thrown out from solution by the sulphuric acid?" Some people will dig very deep for a cause when the latter is as plain as daylight. No chemical reaction of any kind is formed between the salicin and the quinine or the salicin and the sulphuric acid; in fact, no precipitate of any kind is formed. What was considered a precipitate was simply the excess of the undissolved salicin. Salicin is soluble in 28 parts of water; consequently only about a dram will dissolve in the menstruum of this prescription; 5 drams will be in suspension; it is this undissolved portion that our correspondent mistook for a precipitate.

225 —Cocain. Hydrochlor. ..... gr. vj
Quinin. Sulph. } ..... ää. 3ss
Tannini }
Menthol. 3i
Aquæ Rosæ. ..... q. s. ad. ʒvj
S.: Use as a gargle.

What possible benefit can a patient derive from using such a conglomeration? I am convinced that not only would he derive no benefit, but his condition would become aggravated. The cocaine would be precipitated, as cocaine tannate, which, being insoluble, would have no effect. The quinine would be present partly as quinine sulphate and partly as quinine tannate, both insoluble; the menthol is insoluble in water, and on reaching the fauces and pharynx in an undissolved state would prove intensely irritating; even the astringent effect of the tannic acid would be to a great extent destroyed, as a great part of it would be used up to form insoluble compounds with the alkaloids. In short, the combination is a worthless one; the patient would have fared much better if the physician had prescribed half a dram of tannic acid in 6 ounces of water. Had the prescription been for internal use there might yet be some shadow of excuse for putting it up; we would say: "Well, the gastro-intestinal juices will decompose the insoluble combinations, and their constituents will produce their effect." For a gargle, however, the prescription should not be put up.

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[SQUIB—A pithy comment on men or things—Dictionary.]

THE SQUIBBER.

Pithy Comments on Things Pharmaceutical.

IF THE SHOE FITS.—"American Medicine" complains bitterly of so many of the profession working for self, while few work for professional progress. Many physicians, it says, will not even take the trouble to write a letter or two to their representatives and helpers in reference to some good bill being killed by the politicians, or some bad one being jammed or tricked through by greed, quackery, and the bosses. Pharmacists, if the shoe fits you, put it on.

"HONEST OLD LYDIA PINKHAM."—The "Journal of the Association of the Alumni of the Massachusetts College of Pharmacy" (we'll promise to abbreviate title next time) is doing a commendable work in exposing "patent medicine" humbugs. Here's a quotation from the long-named journal: "Now here is the honest old soul, Lydia Pinkham, that has been a 'mother' to 'more than 500,000 women' through her wonderful discovery. 'A sure cure for Prolapsus Uteri, or falling of the womb.' It was a great day for the human race when this discovery was made, for by the simple act of swallowing a tablespoonful of this substance the laws of gravity are quickly and easily set aside and the fallen womb is firmly seized and quickly restored to its normal position. We are also told on the label that it works equally well with men—a statement that to some might seem a little dubious if they did not first understand that this compound has almost a human power of discrimination. An analysis of this wonderful substance, which has the power to set aside the laws of the universe so easily, gave the alcohol strength as 20.6 per cent.—quite an intoxicating beverage."

COLLEGE EDUCATION DOESN'T COUNT IN LOUISIANA.—The present pharmacy law of Louisiana was raked over the coals at the recent meeting of the Louisiana Pharmaceutical Association. The Retail Drug Clerks' Association of the State, under the leadership of Jos. H. Dunn, presented the draft of a new measure, which provided, among other things, that two years spent in a college of pharmacy should count as so much practical experience and be deducted from the four years' experience required of those desiring a pharmacist's certificate. Dean Asher, of the New Orleans College of Pharmacy, supported the draft, but the druggist members buried it by an overwhelming vote, many of them seizing the occasion to roast the college graduate and extol the clerk of drug-store experience only. Mr. Carruth, of Lobdell—a new member of the Board of Pharmacy—was so enthusiastic in support of the qualified assistant that he announced he had left his

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store in charge of one for a couple of days. Whereupon he was charged with breaking the law. Mr. Carruth then remembered that a practicing physician and pharmacist "living next door" was to supervise during his absence.

"SHORTER HOURS": REDUCED SALARIES.—The "shorter hours" law passed in California is far from being an unmixed blessing for the clerks. A Los Angeles paper announces that many proprietors have announced a cut in wages equivalent to the amount of time they will lose in future by the operation of the law. Legislative enactments are far from remedying many ills, but still they oftentimes furnish the means for correction if properly used. Too many proprietors and too many clerks spend too much time behind the counter to allow of decent living. The Los Angeles druggists, if they only had it in their narrow little selves to give their clerks a square deal could probably arrange with them so that neither would spend more than the prescribed time in the store and yet experience no loss of receipts to warrant a "cut." The law should be a blessing to both.

AWRY LOGIC.—The Wisconsin bill to compel the publication of "patent medicine" formulas on the label met the usual fate of such measures. Druggist J. E. Cass, of Eau Claire, declared publicly that the druggists in favor of the measure were largely members of the Board of Pharmacy, and, too, stockholders in the Wisconsin Pharmacal Co.—"a concern which manufactures a substitute for every popular remedy on the market," and which he intimated profited through the extensive advertising given the remedies for which the company provided substitutes. The logic of Mr. Cass seems awry. Why should the Wis. Pharm. Co. kill the goose that laid the golden egg?

CREATING LIQUOR OR DRUG HABITS.—"Are we, as professional gentlemen, or even only as tradesmen, devoid of moral responsibility when we encourage the sale of nostrums that have the power of creating a liquor or drug habit?" pointedly asks Geo. M. Beringer, of Camden, N. J., in the "Amer. Jour. Pharmacy." Then more specifically: "The writer has in mind a remedy that is now being extensively advertised as a specific for catarrh, that is simply a spirituous extract of asarum, and containing very little of the latter. Can we conceive that this would prove to be of the least benefit in the cure of such a disease as catarrh? The sale of this nostrum is simply enormous, and are we not justified in inquiring how many drunkards is the drug-trade of America thus assisting unscrupulous advertisers in making per annum."

The fact that we possess no specific remedy for phthisis is far from the same thing as not possessing any useful drug. We possess no specific climate for phthisis, but many useful ones.—*Kobert.*

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To the Memory of Prof. Hermann Nothnagel

Died July 7, 1905.

"Only a good man can be a good physician" were his oft-repeated words.
He was a good man and a good physician.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or thinkor The Editor is responsible for his own opinions only. He always tells the Truth., what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth.
Than never to tell the truth for fear of making a mistake.

Vol. V. AUGUST 1905. No. 8.

INSTEAD OF EDITORIALS.

Personal Random Travel Notes.

(For the Friends of the Editor only.)

Monotony is killing. I, for one, cannot stand it for any length of time. Somewhat depressed by the leaden sky of Berlin, somewhat tired of massaging prostates, washing out bladders, catheterizing ureters, somewhat palled by the unending cases of gonorrheas, buboes, seripiginous syphilides, ulcerating gummata, eczema, psoriasis, lupus, cromhidrosis pedum, pediculosis, scabies, etc., etc., I decided to take a rest. And so I awoke one morning and said to Mrs. R.: "Dearie, let us go out for a tramp." "And the clinics?" "Let them get along without me for a while." "Where will you go, to Potsdam?" "No, to Venice." "When, today?" "Yes, now." "Without any preparation?" "Without any preparation. So much the more fun." "All right," quoth my better half (or my only good half), and hastily dressing and packing some necessaries into a travelling bag, out we went. We went to the Reisebureau and purchased a circular ticket, to go by the way of Halle, Frankfort-on-the-Main, Heidelberg, Basel, Lucerne, Milan, Verona, Venice and to return by the Brenner, Munich, Leipsic, Berlin. And we took the first express train. And for two weeks after that there was tramping! We just slept enough to keep soul and body together, and the rest of the time it was riding in trains, cabs, tramping on foot, gliding in gondolas and sight-seeing. Until the physical body cried: "enough! Take me back to Berlin, *I want a rest.*

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I could write a book on European travel, and when I get old and have nothing else to do, and find a complacent publisher, I will write one. But now just a few hastily scribbled notes.

* * * *

HEIDELBERG is a host within itself and should on no account be missed by anybody who is travelling thru Germany. Peacefully dozing on both sides of the Neckar, it produces a charming, quieting, soothing effect. Looking down from the Castle, or the Philosophers' Way, a charming, pleasant panorama presents itself to your eyes. You feel like lingering a little longer and a little longer, in spite of your watch, that tells you you must hurry if you mean to catch the previously decided upon train. But you tell your watch not to be impertinent, to mind its own business, that it doesn't matter it you miss the old train, there are other trains to be gotten. And you walk hand in hand or play hide and seek with your better half in the shady nooks and corners of the half-ruined castle, which is worth hundreds of miles of travel to go and see. The castle is generally done by the tourist in an hour or two, but it requires at least one full day to see all its beauties, while the general picturesqueness is such that it seems to you you could enjoy it forever. Of course we saw the interior of the castle, which unfortunately is being too much "restored." And we saw the monster *Heidelberg tun*, a wine cask of the capacity of 49,000 gallons. Among the accomplishments in which the noble feudal barons and princes tried to excel was the drinking of wine and the building of huge wine casks, and the Heidelberg cask is the largest in the world. Of course, we heard the usual jokes. One German of a mathematical turn of mind quickly estimated that if he drank every day, without exception, three bottles of wine, it would take him 205 years to empty the barrel. And another German regretted that the people are degenerating, because their thirst is diminishing and are mere babies in drinking as compared with their ancestors, while an American middle-aged miss, who we found was a zealous member of the W. C. T. U., thought the cask should be chopped up for firewood, for she thought its exhibition excites thirst in people and has a generally demoralizing effect. Finally, we had to leave the castle with its beauties, grandeur and ruins, and we did so very reluctantly. On descending into the city, Mrs. R. insisted on crossing the Neckar and taking a drive on the *Philosophenweg*—the Philosophers' Path, a beautiful road about 2 miles long. She said her husband and her children were philosophers—perhaps she would also become one after traveling the Philosophers' Path. Well, she didn't; but the drive is a most charming one. They charge you only five marks, but the pleasure you derive from the scenery is worth fifty. From the Philosophenweg we

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turned into the Hirschgasse, where is located the famous, but altogether non-philosophical, dueling inn of the Heidelberg students. While there we were extended an invitation to witness a *Mensur* the following morning, which invitation we thankfully declined. But perhaps you don t know what a Mensur is. Well, a Mensur is a German students' duel, and is one of the silliest, imbecillest pieces of barbarism or tomfoolery that you can imagine. It is considered a sign of courage to fight a duel and have a gash over your cheek or forehead, and every student whose brain capital is not any too large is therefore anxious to fight a duel. He approaches another fool like himself and tells him: "Say, your dog is not as nice as mine," or, "I can drink more beer than you," or, "The girl you were walking with waddled like a duck." Fool Number 2 answers: *"Du bist ein Esel,"* and a mutual insult has thus been offered which can only be washed off in blood. Fool friends arrange the time, and one nice morning the two mortal enemies (who may in reality be the best of friends) come face to face. Their vital and important organs are protected, but the cheeks, scalp and forehead are free. The chief endeavor is to inflict a wound on the cheeks, so that the scar may afterwards be readily and plainly visible. And do you know what the fools do? It is well known that an aseptic wound, aseptically treated, may heal by first intention and leave practically no scar. That wouldn't do. The objects of the duel—that is, to let the world see that you fought one—would be defeated. And so they keep on irritating the wound until they are sure that it will leave a good big scar. Well, the mortal enemies meet, inflict one or more gashes on each other, shake hands, have their wounds bandaged or covered with sticking plaster and are led away by their friends. And you should see with what pride they walk home after the terrible battle! And the more gashes, the greater the pride and satisfaction.

If my host had known what I thought of the Mensur, he would not have invited me. No, I most decidedly do not believe in physical fighting. Fist-fighting, wrestling, fencing, shooting—all are remnants of barbarism and bestial brutality. And fighting shows no courage at all, for physical bravery may be accomplished with the lowest moral cowardice. There is only one kind of battle I believe in—the battle of thoughts, the fight of the pen. And Richelieu saw with a prophetic eye when he pronounced the famous dictum: "The pen is mightier than the sword!" Permit me a little digression. The breeze is delightful, the view from the hotel is magnificent, and as the thoughts keep on crowding, let me express them. The pen is mightier than the sword. Some pessimist may smile at this and repeat cynically with Napoleon: God is on the side of the stronger army. Yes, of course. But what constitutes a stronger army or a stronger nation? Not merely a

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larger number of men or ships or ammunition. It is intelligence that counts. And intelligence is the result of the *pen*. Why are the Japanese winning such great victories? Because they have better education, better intelligence and higher patriotism. True patriotism—not narrow jingoism or chauvinism, which to me is more nauseating than cod liver oil on a hot summer day—is only possible in an enlightened and intelligent nation. The Russians fight because they are compelled to by their brutal government. They don't know what they are fighting for, they have no initiative, no enthusiasm, and are bound to be beaten. Their officers and masters are not any better. Debauched and demoralized, like slave drivers always are, they can infuse no respect into their soldiers, maintain no discipline, except by hanging. Most of them are drunken brutes. While the Russian soldiers at Port Arthur were being mowed down like grass, Alexieff and his personal favorites were indulging in indescribably wild orgies, surrounded by the Spanish dancer Otero and the courtesans she brought along with her. And all that has one cause: the ignorance and darkness in which the Russian people is kept artificially and deliberately by that foulest of all governments, the Romanoff dynasty. *The pen is not allowed to be wielded* in Russia—hence all the troubles. But the Russians are beginning to see that their only salvation is in more light, more education, more freedom of the pen. At a recent meeting of the St. Petersburg Zemstvo one of the members boldly expressed the same ideas. And he concluded by asking his hearers to remember the words of Emperor Willitm I., who, after the great victory of Germany over France, uttered the following remarkable words—remarkable as coming from a soldier:—"We owe our next victory not to the soldiers, but to the school teachers!" And what of Spain? Why has this once mighty empire become a decaying, no-account, ten-rate power? Because it preferred darkness to enlightenment, because it crushed the hand that wielded a pen, because it exiled its most liberal citizens, because its cruel priests and rulers tortured and burned those who dared write, speak or dream of liberty, of light, of happiness—even as Russia is doing to-day. But—the train is leaving in ten minutes, and it is time to close up. No, another word.

You have heard of the famous Heidelberg University, the oldest in Germany, that is in Germany proper. The universities of Prague and Vienna are also "German" universities, but they are in Austria. Many great men have issued forth from these seats of learning, and there is not an alumnus who is not proud of having gotten his degree at the *Ruperto-Carola*, of being able to call the old Heidelberg University his alma mater. But if you saw the university building! You cannot imagine anything plainer—

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both exteriorly and interiorly (the adverbs may not be sanctioned by the highest authorities, but you will have to be satisfied with them. I am so far away, you can't get at me). Yes, it is very plain and old and shabby, which does not prevent it from being one of the greatest universities in the world, which again goes to prove that externals don't count. Clothes do not make the man, and a marble-walled and gild-domed university may be presided over by a feather-brained mediocrity, and bring forth nothing but narrow-mindedness, tinctured with a little rowdyism.

* * * *

Have you ever traveled from Lucerne to Milan by the St. Gothard? Oh, for a pen to describe the wild, gigantic beauty of the eternal Alps! No—an impossible task. But, whether you can describe them or not, the ice and snow-capped mountain peaks, alternating with the bottomless ravines, the steep winding paths, the impatiently rushing angry brooks, the placid, sleepy lakes—all that does your heart good. The very wildness and unexpectedness of the scenery does your turbulent spirit good and acts as a balm to your wounded soul. You can see and enjoy that scenery to best advantage in the early morning hours—before sunrise. And how weird and strange and ghost-like everything looks. Again a tunnel. You look out, or rather you try to look out thru the window—nothing but absolute uncompromising darkness. Dark, dark, dark—but gradually you perceive a faint light; it gets lighter and lighter, and finally you emerge into God's free world, flooded with light, warmth and sunshine. How symbolic of the history of the human race! And that thought kept on recurring with every tunnel we entered.

* * * *

MILAN We arrived in Milan very early in the morning and found our way barred by a noisy, clattering, gibbering, gesticulating, running, bundle-carrying mass of feminine humanity. There were some men and children, too, but the largest number were women. There were about 2,000 of them, and all of them were hurrying, scurrying, flurrying, gesticulating, arguing, laughing. It seemed Bedlam was let loose! And almost every woman had a baby in front of her, I mean inside of her, and a bundle on her back. I did not know where they were all rushing to so early in the morning. Mrs. R. got frightened. She thought they were all going to America. No. I asked the conductor, and he told me they were all harmless; they were merely going out of town to celebrate a saint's festival—Carvallagio. We breakfasted at the station restaurant and then took the car to go and see the great glory of Milan—its cathedral. The conductor, noticing by

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my Italian that I was not a born Milanese, undertook to be our guide, and told us the names of the buildings and places as we went along. And by the way, we have had the same experience almost in every city we passed thru. As soon as the conductor would notice we were strangers, he would spontaneously start to give us explanations and directions how to reach the principal places of interest, etc. And we could not help comparing those "foreigners" with our New York conductors. Why are the latter so coarse, so rough? Is it because they are rushed to death, or are they of different stock? When we arrived at the cathedral, early mass was being celebrated, and as good Catholics we took it in, while studying the magnificent interior of this magnificent church—the third largest in the world (St. Peter's in Rome first, and the cathedral at Sevile second).

If I were writing a guide-book, I would tell you how long the cathedral is, how wide it is thru the transepts, what the height of the nave is, how many sarcophagi—with dead bishops in them—it contains, I would describe the underground luxurious chapel, etc., etc.—but there is no time for that. We must go to the roof and the top tower of the cathedral. It is not a job to be lightly undertaken, for you have to ascend 500 stairs (to be exact, 494) to get there, but after you did get there, the scene you will behold will amply repay you for your trouble. The entire city and the surrounding country lie before you like on the palm of your hand, the people down below look like Liliputians, and when the weather is clear, as it was on our morning, you can clearly discern the snow-capped Alps and the rugged Appenines. I remember only one prettier view—and that was from the top of the Eiffel tower during the last exposition. And the beauty of the cathedral itself when viewed from the roof—it is only from there that you can see it to advantage—beggars description. But don't go, if you have a weak heart. Even if you have a strong heart, you will puff and pant and the perspiration will run down your back in rivulets by the time you reach the top. At first Mrs. R. would not go, but when she saw two middle-aged barrel-shaped women starting on the journey, she said to herself: "What they can do, I can," and so she did, and she wasn't any the worse off for it, except for a little shaking at the knees, which lasted a few hours. But how pure and exhilirating the air was. You felt that if you had a pair of wings you could fly.

* * * *

VERONA Old, old Verona, an ancient city already when thou camest under the dominion of the Romans, oh, how old thou art! How quaint and peculiar the narrow, crooked streets! To the average tourist Verona is only interesting for its

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amphitheater and as the birthplace of Romeo and Juliet, but it is worthy of a visit for other reasons than these.

The city looked exactly as it did five years ago, when I last saw it. Of course it did. And if I should come in a hundred years, it would still look the same. In such cities five, fifty or a hundred years makes but very little difference. The same old guide with the sunken cheeks came up to us and asked to be permitted to take us around the city. As the first time, I told him we didn't need any guide, that I knew Verona very well and could readily find anything I wanted. And just as then he insisted, saying that nobody could know the city as well as he, because he was born here seventy years ago, and has done nothing else except guiding people about Verona. By giving him five soldi I got rid of him. In Verona we had a little surprise. Not much of a one, but in a strange country everything counts. It was getting dusk and we felt like taking a long drive outside the bounds of the city, along the banks of the Adige, the unruly Adige which has several times inundated the city, working great havoc and destruction, but which is now safely imprisoned between strong and high dikes and embankments. In Italy you want to be a little careful about your driver when you go outside the limits of the city. I was examining in the Piazza *Vittorio Emanuele* the faces of the coach drivers when one face struck me as particularly pleasing and good-natured. I motioned him to drive up. He was approaching when all at once he stopped with such an expression of amazement on his face that I thought he had seen a ghost. Mrs. R. said the fellow's face was familiar to her, and finally she recognizezd him as one of her former vegetable men. Wasn't Luigi glad! You never saw a happier mortal in your life. We had a great drive. On returning he made us go into his little home, over which presided a comely young woman, with a baby on her arm and a little fellow tugging at her skirt. He was very proud of his home, which, if it had nothing else, had plenty of flowers. He said he liked Verona better than New York. "In New York policemens too bad and too much loafers." Yes, I guess New York is too hard on the Luigis, Carlos, Giuseppes, Vittorios and Antonios.

The amphitheater produces the best impression just before sunrise or before sunset. We went to see it about 6 P.M., and we climbed to the uppermost tier, where I laid myself down and wrote a very good editorial (about safegurading the practice of medicine). The grand old amphitheater is as good as new, in spite of its 1700 years. From its upper tier—the forty-third—you have a beautiful view of the city of Verona and of the surrounding country, but when you look down on the arena and recollect what bloody spectacles—mutual cold-blooded gladiatorial murders and the tearing of Christians by enraged tigers and lions took place

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here—you feel a pain in your heart and at the same time you are glad that you don't live under Diocletian, but under Teddy the First. When I saw the amphitheater the last time—not quite five years ago—it presented a very animated appearance. A large theatrical company was giving open-air performances and concerts and all Verona seemed to be there. Suddenly a whisper, a signal, confused murmuring, running hither and thither—the music is silenced, the performance is stopped right there and then, and the people, some talking excitedly, some in solemn silence, file out thru the heavy arcades into the streets. What is the cause of it all? A dispatch has been received, that a vicious lunatic has fired two shots at King Humbert, who is dead or dying. And the grief of the people all thru Italy over the death of their King seemed to be sincere and universal. And I believe, contrary to the opinions of the crazy anarchists, that in constitutional countries the people *as a whole* have an attachment for their sovereign. I know the English like Edward, the Germans adore their stiff-moustached Wilhelm and the Austrians venerate their Franz-Joseph. And don't we all have a secret feeling of admiration for our Teddy regardless of party affiliations? The only sovereign that, as far as I know, has the distinction of enjoying almost universal hatred, is the Russian Czar, and I believe that not a single tear would be shed if that representative of everything that is brutal and inhuman were to be dispatched into eternity *a la* his faithful adviser, Von Plehve. But let the Czar go to hades—let us take a drive to Juliet's tomb and from there to the famous Garden Giusti. Whether it is really and truly Juliet's tomb I could not swear. But the keeper says it is, and the city sells tickets to see it, so it must be. A faded portrait of Juliet's confessor hangs in the room where the sarcophagus is shown. The visitors throw their visiting cards into the sarcophagus, and there must have been at least fifty thousand of them. It is interesting to stand for a while and read the cards. I read some well-known names. If you ever come to Verona and find my card in Juliet's tomb and tell me what I wrote on it, I will send you the C. and G. free for life. The Veronese should really pay some royalties to one William Shakspeare—or to his heirs, in case he is dead—for if that William Shakspeare had not written a certain play known as Romeo and Juliet (or was it written by Ignatius Donnelly Bacon?) the people would not wander to Juliet's tomb and would make no pilgrimage to the House of the Capulets on the street of San Sebantiano. The Giardino Giusti is often neglected by the traveller. It should not be on any account. It is a gem, tho a pretty large one. It contains the tallest chestnut trees in Europe, many of them 4,000 to 5,000 years old, and interesting Roman antiquities. When you ascend its terrace you have a fine view of Verona. Here we made

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the acquaintance of an editor from Essen (the place where the big Krupp life destroyers are made), a jolly good fellow—nicht wahr, Herr Hehemann?—and we continued the journey together.

Of all the old world's old-fashioned markets Verona's vegetable market—Pizza delle Erbe—is certainly the most unique and most picturesque. Few markets have such a noble ancestry, for this place on which old Italian women are selling radishes, potatoes, onions and garlic was at one time the Roman forum, and in the center you still see the old tribune from which the Ciceros addressed the Roman citizens and from which judicial decrees were read. While Mrs. R. was picking out some flowers for a bouquet, I spied a little bookstand; I looked thru the books, which were mostly superstitious thrash, but I was more than rewarded for my labor by discovering an old volume printed in 1689, and which is nothing else but *Nouveau Traité de la Maladie Venerienne,* by Le Monnier. The book is mentioned by Astruc in his Bibliography, but is little known, as but few copies are in existence. Of course I purchased it, and my library of ancient documents on venereal and dermatologic subjects received an unexpected addition.

(*Will be continued in next issue.*)

THE J. A. M. A.

It has always been my wish and hope to see the JORRNAL OF THE AMERICAN MEDICAL ASSOCIATION become the foremost medical weekly in the English language. A great association like the A. M. A. should have an organ superior qualitatively and quantitatively to any private publication. This hope, which has long remained in the realm of iridescent dreams, is becoming a positive reality. Take a copy of the J. A. M. A. of to-day and compare it with a copy of ten years ago. What a tremendous difference! The time is not long distant when the Journal of our association will compare favorably with the greatest journals in the English language (or in any language), the "Lancet" and the "British Medical Journal." And then it will be superior to either, because its advertising pages will be *clean.* The British publications, as well known, tho very discriminating in their text pages, admit practically everything into their advertising department.

Medical history furnishes abundant examples of the perpetuation of error through prejudice and ignorance, and of the opposition which the most palpable truths have experienced from men desirous of being regarded as medical philosophers. From *The Lancet,* March 31, 1827. Just as true to-day, seventy-eight years later.

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MEDICAL QUACKS, THEIR METHODS AND DANGERS.

By Champe S. Andrews, Esq.

In November, 1808, one Samuel Thompson came into Beverly, Mass., and, proclaiming his ability to heal the sick without fail, declared that the country was being ruined by the regular physician. As his experience with the credulous warranted him in believing, there were those, even in enlightened Massachusetts, who took him at his word. Patients flocked to him by the score. Ezra Lovett, Jr., finding himself confined to bed by a cold, sent for the now celebrated Thompson. He came, and, I have no doubt, received his pay in advance. "Dr." Thompson had the patient's room heated as hot as the stove could make it. And the report of the case, found in 6 Mass. 134 *et seq.*, tells us in great detail of the healer's methods:

"He then placed the feet of the deceased, with his shoes off, on a stove of hot coals, and wrapped him in a thick blanket covering his head. In this situation he gave him a powder in water, which immediately puked him. Three minutes after he repeated the dose, which in about two minutes operated violently. He again repeated the dose, which in a short time operated with more violence. These powders were all given within the space of half an hour, the patient in the meantime drinking copiously of a warm decoction which the 'Dr.' called 'coffee.'

"The 'coffee' administered was a decoction of marsh-rosemary, mixed with the bark of bayberry bush. The powders called by the 'Dr.' 'well-my-gristle' and 'ram-cats,' which the prisoner said he chiefly relied upon in his practice, and which was the emetic so often administered by him to the patient was the pulverized plant trivially called 'Indian tobacco,' four grains of which was a powerful puke and cathartic."

The report goes on to relate that the learned physician ordered his patient to sleep in a warm bed, "where he lay in a profuse sweat all night." The next (Tuesday) afternoon more powders of "well-my-gristle" and "ram-cats" were administered in quick succession, washed down by "coffee." On Wednesday the patient's face and hands were rubbed with rum and he was given fifteen minutes of nature cure by exposure to the January winds in the open air. As a reward more ram-cats were washed down by more coffee. With variations this heroic treatment continued until the following Monday, when the "Dr." was specially summoned as the patient insisted he was dying.

Pearlash, "coffee" and "well-my-gristle" were administered in quick succession and the patient was asked how far the medicine had gotten down. The patient, laying his hand on his heart, answered "*here*" when the "doctor" observed that the "medicine would soon get down and unscrew his vitals." It did. Between nine and ten o'clock convulsions set in, the patient lost

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his reason, and on the next day, after one week's treatment, Ezra Lovett, Jr., died.

The object of this article is not to point out the history and present status of the law governing illegal practice or the rules governing the trial of a quack charged with manslaughter or murder. Its object is to point out by concrete example the great dangers resulting from the practice of the quack, and the crying necessity for the enforcement of the laws designed to protect the public against these dangers.

THE MODERN CHARLATAN.

As education has become more generally diffused and science more advanced, the medical charlatan has changed his methods to correspond with the new order of things. The modern endeavor is to imitate the true scientific methods, and, with "a little learning" to make louder claims to specialized knowledge and advanced methods than does the regular practitioner. Strange as it may seem to know that "Dr." Thompson could have deceived anybody even a hundred years ago, the helpless and afflicted in these opening years of the Twentieth Century are victimized more completely and more artistically than was Ezra Lovett, Jr. Indeed the modern methods of advertising, the rapidity with which the false claims of the charlatan can be disseminated, and the ease with which the post-office and newspaper penetrate every section of the country have given the fakir of to-day a field of operation that "Doctor Thompson" never dared to contemplate.

THE HELPLESSNESS OF THE CHARLATANS' VICTIMS.

As one learns in detail of the methods and dangers of the modern quack, there is at first a tendency to believe that the credulity of mankind is growing alarmingly greater, but a deeper study of the subject shows that the credulity upon which the charlatan relies, is the credulity that arises from weakened powers of resistance, from disordered minds, and from the mirage that such minds see mirrored in clear sky of hope. The victim of the medical mountebank, by reason of his susceptibilities and infirmities, is in a class to himself and should have the especial care and protection of the State.

The gambler for the most part takes away from his victims only that which the victim can again recover by prudence and industry. The political mountebank may lead the people away from the honest path for a time, but the wandering in time generally proves self-corrective. The religious fraud exists for a season with fashionable following, but in the end he talks to empty benches. The victims of the medical charlatan, however, have nothing like the same chance to retrieve their false steps as the victims of the other fakirs mentioned. The patients of the quack are either hypochondriacs, who remain eternally ill in their

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own diseased imaginations and furnish a never-failing harvest for the scythe of the charlatan, or else by reason of genuine maladies their power of resistance has gone and the illusions of hope created by marvelous claims and extravagant promises cause them to grasp at every cure-all just as the drowning man grasps at a straw.

In the City of New York, the danger of the charlatan is seen at its worst. The thickly settled neighborhoods where the ignorant foreigner resides are hot-beds of unlicensed and illegal practitioners, while the advertisements unblushingly accepted by a majority of New York newspapers, with their enormous circulation both in and out of the city, furnish the widest possible field for the modern quack, whose very life lies in newspaper publicity.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

The State of New York, in 1806, perceived the necessity of protecting the public against empirical methods in medicine, and organized in that year, by a special charter which continues to this day, the Medical Society of the State of New York with its branch society in each county of the State. The act was entitled "An Act to Regulate the Practice of Physic and Surgery."

In later years these various county societies have, to a greater or less extent, been the only organized bodies standing between the charlatan and his victim. Theoretically, the Police Department and the District Attorney's Office are charged with the prosecution of all offenses, but where life is as complex as in the City of New York, and where the regular departments of the government charged with the suppression of crime are busy with crimes of murder, arson, larceny and the more heinous crimes generally, it is found impossible in practice for these departments to suppress the unlicensed practitioners of medicine. The presence of a body composed of the organized medical profession engaged, with the sanction of the State, in suppressing not only the criminal practitioner who is licensed, but also the practitioner without a license, is a salutary force in the community and commands, I believe, the respect and confidence of the public and acts as a constant deterrent to the wrong-doer.

The Medical Society of the County of New York for a great many years has maintained a separate legal bureau for the suppression of the unlicensed and criminal practitioner. A staff of well-trained detectives and agents are constantly investigating complaints and procuring evidence where the law is being violated. The method of procuring evidence by detectives is unavoidable because the victims of the charlatan are most reluctant to appear in court as complaining witnesses. It generally brings humiliation and disgrace upon them, exposes their maladies, real and imaginary, to the public, and is in itself a confession that they have been the willing dupes of preposterous frauds.

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By means of the efforts of the Medical Society of the County of New York hundreds of cases involving a violation of the Public Health Law have been presented to the criminal courts in New York City. Since 1900, the legal department of that Society has been in charge of the writer, and it has been his duty to institute these prosecutions, and by the courtesy of the District Attorney of New York County, to present the evidence to the various County Magistrates and to the Court of Special Sessions.

The charlatans operating in New York City may be divided into the following classes: (1) Those who prey upon the consumptive poor; (2) Advertising "Specialists for men only;" (3) Occultists; (4) Nature Cure and Water Cure doctors; (5) Midwives; (6) "Osteopaths," "Osteotherapists," "Somatopathists," "Mechano-Neural-Therapists," "Vitopaths," and scores of others of similar ilk, whose chief object seems to be to seek refuge in an imposing title. To these classes must be added the men and women who assume the names of deceased physicians and who practice under their diplomas. Others still boldly use their own names and falsely claim to be members of the medical profession, in the hope that in a city of four millions of people and many thousands of doctors, they may be overlooked and left unmolested.

The cases now to be mentioned, as illustrating the actual methods of each of the classes mentioned, were all presented to the courts in New York City by the Medical Society of the County of New York.

"OCCULTISTS." The fakir who poses as a master of occult mysticism and esoteric philosophy finds a great many lovers of the mysterious willing to listen to his blandishments. In May, 1901, a complaint was received against "Doctor A. de Sarak," of 413 West Fifty-seventh Street. An agent of the Society called upon the "doctor" and was received with oriental salaams and greetings. The agent and the learned occultist soon got down to business and the doctor's inevitable card was presented to his supposed client. It read as follows:

"Doctor A. de Sarak, Oriental Scientist, General Delegate of the Scientific Academy of 'Sauveteur' of Paris, Member of the Oriental Society of Thibet and Calcutta, etc. Consultations of Oriental Sciences, on Magnetism, Double Vision, Concentration, Telepathy and Palmistry. Every day, except Sundays, bet. 3 and 5 P. M. 413 West Fifty-seventh Street, New York. Consultations by correspondence. English, French, Italian, Spanish, Portuguese and Russian Spoken."

This wonderful assortment of methods and languages, together with the impressive display of decorations, medals and ribbons, soon led to a contract. The patient complained of headache, chills and sleeplessness. The doctor produced an ophthalmoscope and thermometer, and after making a few mysterious gestures

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and uttering weird incantations, pronounced the trouble as "nervous neurasthenia." He recommended a drug of unpronounceable name, and suffered the patient to depart after extracting $3 for the treatment. The "doctor" tried his case most vigorously —in the newspapers—but in the Court of Special Sessions pleaded guilty and without a murmur paid a fine of $50. A year or two afterward, clad in the same gorgeous attire, the "doctor" appeared for a brief season at one of the fashionable hotels in the city, where many respectable people accepted him at his own valuation. But his former experience served him in good stead, and he soon folded his tents and silently stole away.

The feminine variety of this interesting form of fakir is illustrated in "Madame Marcella Bryan," convicted on January 16, 1903. I shall let her tell her own story. Scorning the services of a lawyer, she addressed the learned judge as follows:

"I am a maker and seller of magic potions. My chief production of mysterious alchemy is 'Sympathy Water.' This one washes with and immediately does it take the devil out of one. That is why I have the great reputation and why Madame Bryan is known the world over. Shall I tell you more? Yes? I am also a clairvoyant, and I know magic and am of the mysterious spirit. I help people in business trouble. I help the maiden, the wife, the husband, the lover in the troubles of the heart. I can do anything; but practice medicine—never."

But alas for this wonderful healer, Mr. Justice Olmstead, speaking for the Court, pronounced her guilty, and forthwith she took her place along the great multitude of persecuted scientists.

MIDWIVES. The midwife has no recognized status in the laws of the State of New York. As long as she confines her activities to the sphere that custom for generations has alloted to her, it has not been the policy of the medical profession to disturb her. But as a matter of fact, there are no bolder criminal practitioners in New York City than are to be found among the midwives. It is safe to say that a large majority of them will undertake, without hesitation, to perform criminal operations or prescribe drugs for a criminal purpose. Over fifty convictions for such offenses have been secured recently by the Medical Society. Many deaths occur every year as a result of the ignorance and criminal practice of the midwives of New York.

In the last ten days, we brought to the attention of the Courts, Yetta Prince, an East Side midwife. She undertook to relieve a poor woman of sterility. Sixteen treatments resulted in a double pyosalpinx, followed by an operation and the removal of both ovaries and the tubes. She was sentenced to a term of imprisonment.

UNWARRANTED USE OF TITLE "DOCTOR."—"DIPLOMA MILL." A most interesting fraud is the man who boldly assumes the title of doctor without any claims whatever to a medical education. The

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most brazen and successful practitioner of this kind that the Society has ever dealt with is "Dr." Charles Conrad, convicted April 21, 1904.

On April 7 he wrote to Dr. J. McPherson Scott, Secretary of Board of Medical Examiners for the State of Maryland, asking permission to register as a physician in that State. In his letter he said: "I am not licensed in any State, but I hold a diploma from the 'Vetus Academia Physio Medica.'" He asked to be permitted to register in Maryland without going to the trouble of appearing there in person.

This letter was sent to the Regents of the University of the State of New York, who in turn forwarded it to the Medical Society of the County of New York. Upon investigation we ascertained that the defendant was formerly a Norwegian sailor with no pretense to medical knowledge. The "Vetus Academia Physio Medica" was a college of which he was the president and faculty. He printed elaborate diplomas on parchment, couched in wonderful Latin, but he was willing to sell one to every applicant for $500.

At 56 West Sixty-fifth Street, he was conducting the Platen Institute, with two branches in Harlem, each branch in charge of a "graduate" of his celebrated school, and supplied with a staff of nurses. Almost any form of treatment desired was administered. This man went so far as to have a bill introduced into the last Senate of New York State (Bill No. 983, March 21, 1904) entitled a bill "To define and regulate the practice of Osteotherapy." Of course, "Dr." Conrad was the founder of the great healing science osteotherapy.

His card surpasses criticism and description.

"Dr. C. Conrad, Founder, President and Medical Director of Vetus Academia Physio Medica (Inc.), Founder, President and Director in Chief of the Platen Institute (Inc.), Lecturer on Psychology and Physiology in the Old Physio Medical College; Founder of Osteotherapy, Demonstator and Lecturer on Osteotherapy at Platen Institute; Founder and President of New York Society of Osteotherapeutic physicians; Founder and Editor-in-Chief of the Twentieth Century Journal in Osteotherapy. Vice-President of the American Association of Physicians and Surgeons. Telephone, 2204 Columbus. By Appointment Only. Office, 56 West Sixty-fifth Street, New York, N. Y."

None of these institutions existed save in his own vivid imagination. A similar case is that of Joseph Rohrer, convicted February 17, 1902, for practising without registration and on May 19, 1904, for using the title "M.D." as President of "International Massage and Movement Cure Institute," which he advertised in over fifty papers and described in an elaborate book of 61 pages, containing many reproductions of the learned doctor in various professional poses.

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Closely akin to this form of fraud is the man who assumes the name of some licensed physician who has recently died or removed from the community. The most recent conviction of this sort was a Russian who was a former valet to a London physician, and who, at the latter's death, stole his diploma and attempted to practise in this country.

In the East Side district of New York, there have been several instances of the diploma of a deceased physician bringing at auction more than all the other assets of the estate. An advertisement recently appeared in a New York newspaper offering $1,000 for the diploma of a registered physician in this State who had not been dead over five years.

PRACTITIONERS OF OSTEOPATHY AND THE ART OF MANIPULATION. The "Osteopath," the "Mechano-Neural Therapist," the "Somatopath," and other practitioners who attempt to cure disease by manipulation stand in a class by themselves. The cult of osteopathy has made considerable progress in this country within the past ten years in States where the standard of medical education is low. Many of the States of the Union have legalized the practice, but in New York and New Jersey and the Eastern States generally, where a high standard of medical education is maintained, the legislatures have persistently refused to grant them any recognition.

The osteopath claims that disease results from a disarrangement of the anatomy, and he includes in this disarrangement of the organs and circulation of the body, particularly nervous circulation as a result of local disturbances and influences. He insists that the proper method for cure is to remove the inflammation or dislocation by manipulation, massage, and kindred methods without the use of drugs.

A small percentage of these practitioners are, no doubt, sincere in their claims, but a great herd of them throughout the United States take up this system of healing because of the ease with which it may be mastered and the short course of study necessary to obtain a diploma. A four years' course in a medical college is now requisite in the State of New York, whereas an osteopathic degree in other States may be secured in from one to two years, or less, according to the character of the institution.

WHAT IS THE "PRACTICE OF MEDICINE?" This cult is responsible for the prevalent belief that to practise medicine is to give drugs. The courts of original jurisdiction in New York State have uniformly held that the practice of medicine is the practice of the healing art generally, and anyone who undertakes to diagnose and cure disease is practising medicine within the meaning of the statute. None of the higher courts have yet passed upon this question, and until such a decision is obtained, the law on this point will be in confusion. One of the resulting harms from the presence of this system of healing in a commu-

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nity is the encouragement it gives to unlicensed practice of all sorts where drugs are not administered. The practitioner who administers only electrical treatment or baths or massage or magnetic healing is as much entitled as the osteopath to claim that he is not practising medicine because he gives no drugs. All of these practitioners unhesitatingly undertake to cure the most serious forms of diseases, and hope to escape the penalty of the law because they avoid the use of medicine. If such a decision ever comes, the most appropriate comment on it that could be made is the comment made in 1806 in the report of the Thompson case previously referred to and found in 6 Mass. 134.

"It is to be exceedingly lamented that people are so easily persuaded to put confidence in these itinerant quacks, and to trust their lives to strangers without knowledge or experience. If this astonishing infatuation should continue, and men are found to yield to the imprudent pretensions of ignorant empiricism, there seems to be no adequate remedy by a criminal prosecution without the interference of the legislature."

The enlightened medical profession of to-day makes use of all rational methods of healing, including suggestion, manipulation, massage, and electricity. It is the height of injustice in view of this fact to say to the regular physician that he must acquire a knowledge of the healing art by a four years' course of study and at the same time permit the osteopath and all of his ilk who follow a short cut to the healing art to practise their cults without molestation or conditions as long as they do not administer drugs. As was said in a recent editorial in the New York *Times* "A course in medicine and surgery is expensive, and it takes a lot of time, while a varied assortment of pseudo-religious and pseudo-philosophic phrases can be learned in a few days by any man or woman with a disinclination for honest work."

WATER CURE. The "practitioner" who pins his faith in water, styles himself by various titles ranging from Nature Cure to Balneotechnic. The latest specimen of this variety is "Dr." Charles F. Starken, who carried on a thriving business at Fifty-second Street and Broadway before his career was cut short by the unsympathetic agents of the Society. His card read as follows:

"C. F. Starken, Physician of Natural Cure and Balneotechnic, cures all kinds of Diseases without Medicine or instrument. Gives all kinds of Massage and Heat Gymnastics, Magno-Electro and Hydropathic Treatments, Also all kinds of Cure-Baths, Herbs, Mineral, Sulphur, Iron, Lithion, Pine-needles, Aromatic and all Medicated baths. Specially for Blood purifying and good Complexion. Moussir, Steam, Hot Air, Vapor and Astringent Baths. For Males, Females, and Children. Prices Liberal. Dr. C. F. Starken, Consultation: 9-10 A. M.; 2-3 P. M., 6-7 P. M. Fifty-second Street and Broadway, New York.

After the "Doctor's methods had been called to the attention

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of the Medical Society by the New York Society for the Prevention of Cruelty to Children, two agents of the Society, both women, sought the professional services of the celebrated water-cure specialist. They described a variety of symptoms and pains, but the doctor was equal to the emergency and his diagnosis showed several serious complications. He scorned to cure them with drugs, but proceeded to administer a variety of baths, followed by massage. One of the agents in Court described her experience as follows:

"I told him I was troubled with fainting spells and pains in my arms and shoulders. He asked me to remove my clothes, which I refused to do. He examined my chest. He took hold of both of my arms. I do not know what he did, but I screamed, it hurt me so. I said, what do you think is the matter with me? He said I had stagnation of the lungs; perhaps he meant congestion of the lungs. He said I was troubled with neuritis."

In some unimportant particulars, the learned gentleman's testimony contradicts the testimony of the People, but I am sure his own story is more interesting than any that could be framed for him. This is his story as taken from the minutes of his trial, March 31, 1904:

"I said, what can I do for you? She said she would like a treatment. I said what is the matter with you? I said I do not want to give any treatment until I know what is the matter with you. I said this is not a Turkish bath. I said you might drop down here dead. She said she had a pain here and a pain there, and much pain all over. I said, is there a name for that and a that for that; I said there is a name for every kind of disease; if an organ is affected we call it that name, and if this organ is affected we call it that name. She said she would like to take a treatment and asked how much it was. I said $3. She left. She said she would come again. My nurse let her in again. She said she wanted to take my treatment. I said, wait a moment, and a woman will come and help you along. My nurse came along and brought her into the steam bath. I said, are you hot here? She said, yes it is quite hot. I felt of her temples, how her temperature was. Then the nurse took her to a bath and there were pine needles in it to clean the skin. Then I gave her a douche. My nurse brought her back to the table and wiped her off. When I was through with the other people I went back to the room where she was. I started to massage her. I must test the muscles—."

The Court. "Don't give us a lecture on that."

The witness continued. "I gave her a rub. She asked, What is the matter with me? I said there is a lot of uric acid in you. She said, Can you give me any medicine? I said no, I give no medicines at all. I said I did not think the treatment would do her much good, because she was too timid."

Q. "Was anything said about the cirrhosis of the liver?"

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A. "No, sir. She said she had pains. And I said if she had a pain there it could not be cirrhosis of the liver."

His discourse did not have the desired effect, for Mr. Justice Wyatt, speaking for the Court, said:

"The sentence of the Court is that the defendant shall pay a fine of $100, and in default of payment that he shall stand committed to the City Prison for a term of thirty days. You will have to stop this business."

FRAUDS WHO PRACTISE ON THE CONSUMPTIVE POOR. Of all invalids the consumptive seems to believe more firmly than all others in his ultimate success in combating disease. The unscrupulous quack takes pitiless advantage of this weakness of the consumptive, and in his advertisements makes greater claims and pretensions perhaps than any other medical fraud.

In support of this assertion, I quote from a statement from S. A. Knopf, M. D., of New York City, to whom the "International Congress to Combat Tuberculosis as a Disease of the Masses," at Berlin, awarded the international prize for the best essay, on July 31, 1900. In a statement to the Charity Organization Society of New York, Dr. Knopf says:

"How many poor consumptives have lost their last little reserve fund by giving everything they had for a dozen bottles of the "sure and quick cure" only those who come in contact with them know. How unscrupulous some of these charlatans are in their method of procuring certificates of cure, which they then publish as bait to the unfortunate help-seeking sufferer, is something which can hardly be believed. Let me tell you of one instance: A poor woman in the last stages of consumption came to me seeking advice. When asked for the name of her former medical attendant, she confessed that she had been treated for a number of weeks by a quack concern, and now, her means being exhausted, she was made to understand that they would not continue to treat her unless she would give them a certified testimonial that she had been thoroughly cured of her disease, which had been pronounced an advanced case of consumption by prominent physicians. This poor sufferer had not derived any benefit whatsoever from the treatment, and as a result her conscience would not permit her to become a partner to such a fraudulent procedure. Some of these unscrupulous concerns resort to absolute fraud to beguile the public by using the name of the great scientist and benefactor, Prof. Robert Koch, of Berlin, as though he were associated with them in their business and treatment. They advertised his picture beside that of an individual with a similar name, and are heading their advertisements as 'Professor Robert Koch's Cure.'"

During the past year the fraud referred to by Dr. Knopf as Professor Robert Koch's Cure has been fully exposed in the New York *Herald* on evidence submitted by the Medical Society of the County of New York. From their own advertisement it will be

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seen that everywhere the impression is given that Dr. Edward Phillip Koch and Dr. Robert Koch are in professional relations with each other. Their so-called cure has offices in Buffalo, Chicago, Boston, Pittsburg, Altoona, Philadelphia, Cincinnati, Baltimore, Washington, Rochester, St. Louis, Newark and other cities. Dr. Koch is advertised in connection with the various establishments. In the New York establishment the Society has never yet been able to capture Dr. Edward Phillip Koch but he was recently brought to justice in the District of Columbia. He was, in May, 1904, convicted of practising medicine without registration.

Dr. Robert Koch, of Germany, has protested most bitterly against the use of his name by quacks and charlatans, and denying, of course, the slightest connection with any so-called cure or with any physician of a similar name anywhere in the world. As long as registered physicians can be induced to take part in such deception it will be difficult to close this establishment by law, but the conviction of Dr. Edward Phillip Koch and the wide publicity given to his methods will greatly lessen the dangers of such establisments.

SO-CALLED SPECIALIST IN "DISEASES OF MEN." Almost as dangerous is the so-called specialist in diseases of men. Certain newspapers in New York print columns of their advertisements without apology to the public for intruding such filthy printed matter. The methods of these quacks are various. Most of them advertise in the name of a registered physician and then employ green youths and unlicensed practitioners to meet the patient after he calls. As the law at present constituted does not require a physician employed in an advertising institution to make known his identity, it is difficult to trace out the identity of the practitioner in any of these concerns. The employer generally keeps them moving and does not permit a practitioner to remain in any one office long enough for very much information to be found out about him. Other offices advertise in the name of men not licensed to practice, but put in charge of their office in New York a licensed practitioner.

The writer is reliably informed that one institution of this character in New York City made over $200,000 last year. I know of several instances where by making a false diagnosis and frightening the patient into the belief that he had a loathsome disease, the patient has been induced to pay over as high as $2,000 for a few treatments. The law must be amended so as to compel every practitioner in an advertising institution to make known his identity just as every dentist in any advertising dental parlor is required by law to post his name above the chair where he operates.

In brief, such is the work of the Medical Society of the County of New York. With its professed antagonism to so many powerful yet corrupt influences, it has an abundance of enemies, many

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of them occupying the seats of the mighty. In these enemies it finds the highest testimonial to the efficiency of its work and the greatest incentive to a continuance of its labors.

A FLORIDA ENCHANTMENT.

Florida has long been celebrated for her oranges, but if the inhabitants of her rural districts, with their antiquated and bucolic habits, still continue to measure their faith by the traditional Biblical standard, their grains of mustard seed must have increased to even a greater extent than the rest of their tropical fruits. At all events, Mrs. Helen Wilman-Post has been reaping a golden harvest, and might, it seems, have still been making daily bank deposits of large sums had she not, like Bonaparte, met with a Waterloo, and also, like Bonaparte, encountered it in an unexpected manner and from most ignoble hands.

According to the evidence produced at Jacksonville, Mrs. Post was a "healer," not only of large experience, but of even greater promise, for the list of the miracles which she guaranteed to accomplish by her mental treatment comprised the following acts: "To get a man out of jail; make a new set of teeth grow; make a leg grow on a stump from which the lower leg had been amputated; make the hair grow on a bald head; restore the affections of persons who had become estranged, ensure success in speculation, transfer the affections of persons."

Now the wants of the human kind are very much the same the world over, whether they live in an ordinary every day manner, in huts bordering on the sluggish Wilhlacooche river, or if they reside in a Sunday-like, holiday way, in brown stone houses that are washed by the receding tide of the Atlantic, in the "Back Bay" precincts of classic Boston. Moreover, there are not many ordinary beings who would not be assisted by the materialization of some of these promised benefits. While there are very few who, unless possessed of a carping and discontented spirit, would not have been satisfied with the list as originally given. In order, however, to insure perfect satisfaction to those desirous of obtaining her professional services, Mrs. Post issued a second circular of approved medical "stunts" which was to the first what the dress white tie is to the evening coat of civilization. These were: "To insure the birth of children; to check the undue size of families, and to regulate the sex of future off-spring." This having been accomplished, the Florida Enchantress rested from her labors. Her web had been woven. It was of steel wire, copper fastened and clinched, and she did not believe that a fly from any ointment could escape its meshes.

The weeks rolled by, and the money rolled in, bills of large amount, notes of small denomination, but always money. Teeth

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were reported to be growing in gums long smoothed by age. Convicts were released as their terms expired; delicate rootlets of hair were believed to be germinating in polished scalps, and all went merry as a marriage bell. The offices grew and extended, the number of clerks who were sending glad tidings of great joy to all manner of men and women, increased, and printed answers to the questions of eager inquirers were now beginning to flood the mails. Then ensued a plethoric golden age, in which unbounded success relaxed the caution that had hitherto kept the machine in motion. It appeared at the trial that Mrs. Post no longer read her mail, but, after extracting the enclosed money, entrusted the answering of the letters to clerks, who either forwarded printed circulars, couched in glittering generalities or consigned them unacknowledged to the yawning void of waste-paper baskets. The complaints began to increase and multiply, and with the charge of "using the United States Mail to defraud various persons" came the bursting of the South Sea bubble in the sandy dunes of Florida.

There is a moral in all true tales, and the saddest part of the mishap of this modern "Belle Helene" lies in the fact, that she has never recognized the little acorn of discontent from which the great oak of ruin, that gradually overshadowed her prosperity, grew. Nor did she know the wood-woman, who not only would not spare the tree but whose feeble fingers first laid the glittering axe at the roots of her affluent success. Somewhere down in Citruc County, in the interrior of the State, there lived a woman, one Mrs. Casey, who not only had been wooed, but according to her "marriage lines" had also been won by the most selectman of the selectmen of her native town. From then on her life seemed marked with success. Endowed with great executive ability, and possessed of a lively interest in the affairs of others, she for years sat at the right hand of her selectman, from whence, according to her neighbors, she came to judge both the quick and the dead. The one weak spot in her heart was for her pet dog, towards which her fancy, after the manner of her sex, gently turned to thoughts of love. The New England spinster of uncertain age may devote herself to her tabby, of an equal uncertain sex, while the up-to-date American girl, since the Spanish war, will waste her sweetness on the unresponsive marmoset and the changeable chameleon, but with the women of the South a yellow dog it has always been, and a yellow dog it will always be 'till suns shall rise and set no more.

Unfortunately Mrs. Casey's particular specimen was either a truant dog that thought his home a cage, or he was possessed of a desire to wander from his own fireside that could not be eradicated. At all events he departed from home and mother on a certain sultry day, and she refusing to rest under the consoling thought that it was better to have loved and lost, started after

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him in an equally sultry pursuit. Both the woman and the dog became engrossed in the match and were utterly unconscious of the fact that it was taking place between the yellow pine rails of a local freight line until an engine coming round a curve met the lady full and fair in the midst of herself and her career. What appeared in the local papers was merely an announcement of the escape of the dog, coupled with the bald and bare statement, that Mrs. Casey had been "hurt some." The "some" referred to being a compound comminuted fracture of the arm and a loss of the left leg just above the knee. The locomotive was an alien, an imported stranger, but it seems to have done its work thoroughly, as the limb, which was buried with the full rites of the church, proved conclusively that it had not bitten off more than it was perfectly able to chew.

Years passed and the wounds healed, but Mrs. Casey never smiled again or ceased to repine that in all the things she was not "as other women are." It was not that the taunts of ribald boys, with their scoffing allusions to "peg leg" and "dot and carry one" broke her proud bearing, nor yet her inability to join in the merry dance, but rather a personal sense of a loss of equilibrium, and a constant desire to reestablish, on the old lines, the accustomed meta-centric balance of gravity. She might, like the centurion of old, say to one "come," and to another "go," but as long as she was personally unable to supervise the execution of her commands, the exercise of her almost despotic power found but little favor in her eyes. It was at this critical period that the illusive and flamboyant circular of Mrs. Post fell into the outstretched hands of Mrs. Casey, and the beginning of the end had come. But oh, what rapture; as to love she had it, as to teeth she was indifferent, bald she was not, but how doubly blessed was the "healer" who could make even one leg grow where one had grown before. The farm was mortgaged and the proceeds sent to Jacksonville. Day followed day, and the faith in the efficacy of the cure waxed and waned with the tides and the moon. The instructions were implicitly followed out, but the leg that she had looked for never came.

There is a trite injunction fed to each baby with his mother's milk, in the cattle raising districts of the South, "Never give a bullock sulphur or you will repent it," and to this may be added, never feed a "cracker" woman "taffy," or fail to keep a contract with her paid for in advance. For from selectman to selectman the story of Mrs. Casey's wrongs traversed the hummocks and bayous of her native State, and from postmaster to postmaster spread the news of the sinful pulling of her leg. Then came the power and might of an outraged government, with its illegally-used mails, and the career of Mrs. Helen Wilman-Post was at an end.

The interest from a scientific standpoint lies in the fact, that

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this case directly confutes the allegations of these "Mental Healers" who claim that their failures, in all cases, are due to a want of faith on the part of those treated. For here *was* faith, and faith to spare. Faith that could not only move mountains, but faith that attempted to move Mrs. Casey, who was equally as massive, and perhaps a little more inert.—The above excellent bit of humor is from the *Medical News.*

A GOOD ANSWER.

"The late Mayor McLane," said a Baltimorean, "told me last year of an occurrence that had befallen a well known railroad man. "A humble employe of the road called on this man and asked for a pass to a certain distant point. The official said, with a severe air: 'You have been working for us for some time, haven't you?' 'Yes,' said the employe. 'You have always been paid regularly?' 'Yes, sir.' 'Well, now suppose you were working for a farmer. Would you have the nerve to ask this farmer to harness up his horses and drive you a long distance into the country?' 'No,' said the employe, 'I wouldn't. But if the farmer had his horses already harnessed and was going my way, I'd call him a pretty mean fellow if he refused to give me a lift.' "

[SQUIB—A pithy comment on men or things—Dictionary.]

THE SQUIBBER.

Pithy Comments on Things Pharmaceutical.

A COUNCIL ON SECRET NOSTRUMS?—Mr. Beringer opens up a mooted question when he asks whether the N. A. R. D. realizes its responsibility in advocating that druggists sign contracts to do nothing to discourage the sale of catarrh cures, and even make themselves liable for liquidating damages if they exercise their right of judgment and discrimination against such remedies. At the meeting of the Manhattan Pharmaceutical Association, where Dr. Alpers made his famous surrender to the N. A. R. D., on the ground of "expediency," and where Emil Brunor made his no less famous onslaught on the "shameless alliance with patent medicines," there was much said of druggists being merely the suppliers of a demand for such goods, and not the responsible creators. What is the druggist to do; hand out the "remedy" without questioning, or offer one of his own? In the latter case, is his own a much better one? Or shall he acknowledge that he doesn't keep the stuff, and watch his customer go to his competitor. Do these questions suggest an extension of the work of the Council on Pharmacy and Chemistry to secret medicines, so that conscientious pharmacists may be led out of the wilderness, and be enabled to act together for the protection of their professional principles and their commercial cash-drawers?

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POURING OIL ON TROUBLED WATERS.—New York druggists have a not unnatural penchant for getting their money's worth. So, after a few weeks of N. A. R. D. campaigning and the putting up of $8 per head for being organized, there came low rumblings of discontent and suspicious inquiry when a number of the organizers were withdrawn from the city before their work was half complete, and the local men had no hold on the funds collected. The low rumblings reached Chicago, and the diplomatic and persuasive chief organizer, Dr. Noel, hurried on to learn what 'twas all about. He learned in two or three warm conferences. "We're taxed for being organized," was the plaint, "and after the fees are collected we're left to shift for ourselves." The good doctor explained that $4 of the $8 per capita was for annual dues to the National Body, 50 cents for "Notes" (the official organ), $2.50 for the organization fee, and $1 was to be given to the local association. He also pointed out that the machinery of the National Body was necessarily expensive considering its comprehensive and detailed work; that not many of the twenty-four organizers could be spared for weeks at a time in any one community, and that the N. A. R. D. can only help those who help themselves. But he poured oil on the troubled waters by promising nine men to complete the work of organization, besides agreeing to pay for the services of Local Secretary Swann as organizer, and arranging for the local association to handle all the funds collected. And so he departed and left peace behind him.

PROMPTLY PRINTED PROCEEDINGS.—S. V. B. Swann, secretary of the New York State Ph. Assoc., performed a creditable deed by producing the printed Proceedings of the late convention a month after it was held. He and Secretary Whelpley, of the Missouri Association, show a much needed example to the secretaries of many other associations, who bring out the proceedings months after a convention is held, when the matters of which they treat may be regarded more as ancient history than as live topics of the time.

DRUGGISTS OF CENTRAL NEW YORK, many of them, want to sell liquor, for a sum not to exceed $100 annually, in quantities of 32 ounzes. Quantity looks more modest put that way than to say boldly one quart, doesn't it? This want of the druggists is the result of the use of a little liquor in their preserves by so many people in the central part of the State, and these good people just won't go to the saloons for the liquor.

CHANGES IN STRENGTH OF TINCTURES.—Druggists will do well to make themselves familiar with the new Pharmacopœia, particularly with the changes in the strengths of tinctures. In so far as is possible, tinctures have been divided into two classes—10 per cent. tinctures for patent drugs; 20 per cent. for less active

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drugs. Extracts and tinctures of the alkaloidal drugs must be of definite strength. An assay of the drug must be made and less or more of it must be used to meet the standard required. More than fifty assay processes have been adopted for this purpose. Note must be made of the fact that tincture of aconite has been reduced in strength from 35 per cent. to 10 per cent.; tincture of veratrum reduced from 40 per cent. to 10 per cent.; and tincture of strophanthus has been increased from 5 per cent. to 10 per cent. Make sure that the physician be acquainted with these changes when next he prescribes any of these tinctures.

ONE REASON FOR ATTENDING THE A. PH. A. CONVENTION.—The Squibber knows sixteen good reasons why every pharmacist that can attend the convention of the A. Ph. A. at Atlantic City, Sept. 4-10, should do so. But he thinks he will be excused from giving more than one good reason here—like the old story of the lawyer who stated that he had sixteen good reasons for the non-appearance of his client, but was excused from enumerating the remaining fifteen after he had stated reason No. 1, that his client was dead. Every pharmacist, then, should attend the convention because he ought to—ought to know enough of the Association to know that by attending its meetings he will derive instruction, pleasure, profit—to say nothing of making the acquaintance of the leading pharmacists of the land; ought to because for value received he at least owes the Association the support and encouragement of his presence. Think it over.

TERRIBLE MICROBE KILLER AND WONDERFUL HEALER.—Happened across a souvenir pamphlet the other day gotten out by the Wm. Stahler Drug Co., of Morristown, Pa., to commemorate its fiftieth birthday. Was naturally interested in a firm so venerable, and was impressed favorably in reading its history. Turning the pages, the eye was caught by big black letters, "RADAM'S MICROBE KILLER," and under them these truths for the benefit of the firm's trusting patrons: "It Kills the Microbes of the Lungs and Cures CONSUMPTION; It Kills the Microbes of the Kidneys and Cures BRIGHT'S DISEASE; It Kills the Microbes of the Throat and Cures DIPHTHERIA; It Kills the Microbes of the Skin and cures ECZEMA; It Kills the Microbes of the Blood and Cures CATARRH, RHEUMATISM, CANCER and all other Blood and Chronic Diseases. Full Particulars, with Reports of Scientific Experiments and Convincing Testimonials, Wonderful Cures, etc., mailed free." And then, prominently displayed beneath the name of the manufacturer of this insatiable killer of microbes and miraculous cure-all was this proud line: "Sold by the Wm. Stahler Drug Co., Morristown, Pa." Many of the firm's patrons, physicians and lay, must have turned from this page with a heightened regard for pharmacy and its fifty-year-old exponent!

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THE ETHICS OF PHARMACY.—Dr. H. W. Wiley, the renowned chief of the Bureau of Chemistry at Washington, recently discussed in the "Journal A. M. A." the subject of the duties of the pharmacist as regards the interests of his own profession, those of the physician, and those of the public. The relation of pharmacy to his own profession, he thinks, can be defined in a few words: That he should keep and dispense standard medicines and those of the purity and strength required: that he should avoid substitution, and that he should avoid illegitimate commercialism. In other words, the essentials are purity of products, legitimate profits and freedom from debasement and substitution. As regards the medical profession, he sums up briefly the ethics of pharmacy, as the training of skilled pharmacists able to compound in the most artistic way, and with the best results to the patient the prescription which the physician may present. He deprecates the use and sale of secret nostrums, which he considers one of the greatest evils of the day. In his relations to the public he believes the phramacist should be protected from the sale of drugs by unqualified persons, and he urges on the pharmaceutical profession the propriety of educating the public in matters of temperance and deliberation in the use of iced drinks, etc., of which custom has made him the dispenser.

"Full many a man both young and old
Has gone to his sarcophagus
By pouring water icy cold
Adown his hot esophagus."

This would be, he thinks, a good prophylactic motto for the popular soda fountain. The druggist also should not allow himself to keep a saloon, and he should not sell the remedies in which the principal ingredient is alcohol. If not allowed to sell the ordinary intoxicating drinks he should not sell these substitutes, at least not without taking out a license. In many cases the pharmacist is an emergency physician, and should be able, therefore, in his relations to the public, to give first aid in the way of drugs and other help. He holds there should be a mutual friendliness between the druggist and the physician, since each must at times exercise the functions of the other, and he would like to see more instruction in pharmacy in medical schools, and vice versa.

N. A. R. D. CONVENTION AT BOSTON, SEPT. 18-22.—There are a great many good reasons why druggists, big and little, great and small, should wend their way Bostonward next month, and most of these reasons refer to the druggist's cash-drawer, to putting shekels into which the chief energies of the N. A. R. D. have been devoted with a fair degree of success. Here is one of the reasons of "N. A. R. D. Notes": "The greatest of N. A. R. D. conventions will this year be held in the greatest of American cities—a city rich in Material Wealth, Spiritual and Mental

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Initiative, and Historic Tradition and Treasure." Suggestive of the big circus tent, isn't it, with the bass drum and cymbals, and Editor Carr perched high outside exhorting the multitude to "Come in and see the wildly wonderful and weird within!"

IS COCA SUPERIOR TO THE BROMIDES?

This is one of the many Coca problems which it is impossible to answer briefly, and, indeed, which at best can be answered but by comparison of therapeutic action of the two drugs. All admit that the bromides lessen functional activity of the central nervous system and diminish the reflex functions of the spinal cord. Just how this is brought about is not conclusively proven. Coca therefore has an equal right to a consideration of its known therapeutic effects.

Substances which act to lessen functional activity of the nerve centers first stimulate those functions before depression. There are many familiar examples, as opium, alcohol and the anæsthetics. The particular beneficial influence of Coca in nerve derangement is in the exhaustion of nervous functions. The bromides are depressant, and to employ them in cases of nerve exhaustion would be similar to depriving a starving man from nutriment. The best that can be said of the bromides is that they are useful in morbid irritability or peripheral irritation, not in nervous exhaustion. Coca, on the other hand, may be compared to a food to the tissues. It acts upon the nerve centers as a stimulant, as an antispasmodic, and as a depurative.

Coca increases the power of the higher centers to inhibit the overexcitement of lesser centers. It increases the nutrition of the centers through the stimulation of elimination of tissue waste, thus tending to prevent spasm. The stimulating influence of Coca is upon the brain, spinal cord, muscles, respiration, circulation and excretion. The bromides, as well as allaying peripheral irritation, always occasion marked depression both during and after their administration. Of all Coca preparations, the well-known Vin Mariani is without doubt the best, as having given uniform satisfaction to the profession. Coca appears to balance the several forces which constitute energy, and thus its calmative action is not followed by depression. Dr. Mantegazza, many years ago, urged the employment of Coca as a sedative in spinal irritation, in idiopathic convulsions, in nervous erethism, and, in large doses, to allay spasm in hydrophobia and tetanus. It has a wide and important field of usefulness.— **Coca Leaf**, January, 1904.

Julius Cæsar and Napoleon are said to have been epileptics: I am quite certain they would not have won their battles or left such a mark in the world's history if they had been energetically treated by bromides.—*W. U. Broadbent.*

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Please read the Editorial "The Medical Brief Monthly Supplement and Ovoferrin." And show the copy to your friends.

MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials, He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake,

Vol. V. SEPTEMBER 1905 No. 9.

The publishers of the Critic and Guide desire to acquire a good general medical journal and a journal on dermatology, venereal and genito-urinary diseases. Full value paid in cash. Correspondence strictly and honorably confidential. Address with particulars: Dr. Wm. J. Robinson, 119 E. 128th Street.

THE "MEDICAL BRIEF MONTHLY SUPPLEMENT" AND OVOFERRIN.

You didn't know the Medical Brief published a monthly supplement? Yes, it does. Only it is not known by that name. That dinky sheet published by Lawrence's chief henchman and advertising agent, O'Gorman, has the supreme impudence of calling itself American Medical Journalist. Its chief purpose is to attack every honest and fearless editor, to ridicule every scientific, progressive movement in medicine. For several months past, in fact, almost since its very resurrection (it had died of athrepsia, but it was resuscitated by Lawrence money), it has been doing very little else besides blackguarding and carricaturing the editor of the CRITIC AND GUIDE. (How the CRITIC AND GUIDE does rankle in the breasts of the fakirs!) I, of course, paid no attention. There is satisfaction in exterminating a tiger or a hyena, there is little glory in crushing bed bugs. It is a feat to climb the Jungfrau or the Mont Blanc, there is no pleasure or satisfaction in ascending a dunghill.

This morning I received from a medical editor friend, not so far from Chicago, a copy of the "Portland Special" Double Number of the Am. Med. Journalist. This number is devoted exclusively to attacks on the Council, Dr. Simmons, Dr. Jones and myself. I come in for the lion's share. I would have paid as little

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attention to this number as to the previous ones. The filthy source alone from which this publication issues is sufficient to absolve anybody from the necessity of a reply. When we pass into the street and a "lost soul" or her rowdy gentleman friend makes an insolent remark, we do not stop to answer back. But with the copy of the Medical Brief Monthly Supplement there was a letter from the same editor, which letter reads as follows:

Dear Dr. Robinson:—I know that the publication which I send you by same mail under separate cover is beneath contempt, being published by quite unprincipled and medically ignorant men. I feel some scruples of conscience in sending it to you [you needn't, as I received two other copies besides], as I fear it may irritate you and disturb you in your scientific studies, which I know you are pursuing [*such* things don't disturb me]. But I feel that you owe it to yourself and to your numerous friends to take some slight notice of this attack. No, perhaps you don't owe it to your friends. Your *friends* know where you stand and know that everything said in that publication against you is fraud and calumny. But there are thousands of physicians—and this "special double number" was circulated and distributed very extensively, on the Lawrence crowd money, of course—who do not know your well and do not know the source of the Am. Med. Journalist and they may be misled. You, therefore, owe it to yourself to touch at least upon that (illegible). I also think you owe it to Dr. Simmons. We all feel that there is no man in the United States who can handle those rascals, or, to use your favorite word, fakirs, as well as you do. Do your friends a favor and write a few lines on the subject. It will also add a little spice to the Critic and Guide—long may it live!—which, since your absence in Europe, has not always come up to our expectations. With kindest regards to Mrs. Robinson, and hoping we will soon see you in New York, as we need you here, sincerly yours,

——— ———.

Oh, well, I will miss the forenoon clinic to-day and write a "few lines" on the subject, if my friends think I better do so. I was to handle in the clinic syphilitic, lupous and cancerous patients; I will devote the time to the handling of the moral syphilitics and lepers who consciencelessly endeavor to spread thruout the length and breadth of our country the contagion of fraud, humbug, falsehood, calumny and perjury.

Let me glance thru the publication. I read it thru. Is that the best the anonymous shyster could do? Lawrence should demand his money back. The anonymous shyster who compiled the "special double number" thinks he has made out some kind of issue between Dr. Simmons and myself. I attacked ovoferrin. A year later Dr. Simmons admitted an ad. of ovoferrin (appeared only once) into the pages of J. A. M. A. If my attack was right and fully justifiable, then Dr. Simmons stultified himself by admitting the ovoferrin ad. and his action should be condemned. If, however, he was perfectly right in admitting the ad. then my attack must have been unjust and malicious. I should therefore be debarred from membership or any office in the American Medical Association. Yes, the A. S. (read Anonymous Shyster)

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wishes to make believe that he has made out an issue. The apparent issue is so weak and rotten, that you will see it fall in a minute, and will acknowledge that the issue existed in the addled brain of the Anonymous Shyster only. Let me state at the outset that I have not a single, solitary word to take back of what I wrote on ovoferrin. I never impugned the therapeutic efficacy of the preparation. I never stated it to be a humbug mixture or a fake of secret composition. On the contrary I stated that it (as well as argyrol) was a true chemical compound (C. and G., January, 1904, p. 9). But the manufacturers make some misleading and exaggerated statements regarding their product. As they posed as particularly ethical manufacturers, I took particular pleasure in calling attention to their misstatements. Instead of correcting their misstatements, as they did *later on,* they acted like *blackguards,* attacked my motives and the correctness of my assertions, wrote private letters to physicans, etc. It was then incumbent upon me to prove that every one of my statements was correct, and that it was they that were the prevaricators, which I did to the full satisfaction of every honest and decent man. *But the manufacturers later on changed their statements.* The two principal points of contention were the percentage composition of iron and the unchangeability of their preparation, hydrochloric acid. They stated that the *chemical* formula of ovoferrin was $C_{47}N_{17}SH_5Fe_8O_{22}$. I naturally took this to be the molecular formula of the product, that is, I took it to contain 47 atoms of carbon, 17 atoms of nitrogen, 1 atom of sulphur, 5 atoms of hydrogen, 8 atoms of iron and 22 atoms of oxygen. According to this formula their preparation *could not* contain the amount of iron per tablespoonful that they claimed it contained. But later they explained in a letter to Dr. S. Solis Cohen, which the latter was kind enough to send me, that they did not mean the molecular chemical formula; what they meant was the *percentage* composition. That is, that their ovoferrin contained 47 *per cent.* of carbon, 17 *per cent.* of nitrogen, etc. Ah, that put an entirely different aspect on the matter. Had they stated so at the outset, after my first editorial, the second editorial would not have been written and much bad blood would have been saved. They also explained in that same letter to Dr. Solis Cohen that what they meant was that ovoferrin was not changed by hydrochloric acid of 0.2 per cent. strength, i.e., such strength as it exists in the gastric juice. Ah, they meant so. Why didn't they state so in their first pamphlet? There they stated distinctly that it was unchanged by hydrochloric acid (no strength specified) or the gastric juice. In the pamphlet which appeared after my editorial the *corrections were made* and the *casus belli* therefore ceased to exist. Dr. Simmons therefore had a right to admit the preparation into the pages of the J. A. M. A., and if he had asked my advice regarding it I would have told him to go ahead and admit

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it (I would have changed only one statement therein, anent which see next editorial note). I have a right to feel bitter towards Barnes and Hille, for I repeat they have acted towards me like blackguards and not like respectable scientific men; but first, I never harbor grudges, and, second, I do not allow my personal feelings to influence me when I am asked for advice. I believe that the several honest editors who have done me the honor of asking my advice as to the admissibility of certain preparations into their pages will testify to my perfect impartiality.

To summarize in brief: the ovoferrin manufacturers made certain incorrect statements regarding their products, as manufacturers are so apt to do. I called attention to those misstatements; they were corrected and the product, which is neither a humbug mixture nor a secret composition, therefore became acceptable into the pages of the respectable medical journals. So you see, there is no issue at all, Mr. Anonymous-Shyster-hireling-writer-of-Lawrence's - Medical -Brief-Monthly-Supplement-yclept-the-American-Medical-Journalist. Whether the name, formula and information regarding composition furnished the Council were sufficient to comply with the rules of admission, is an entirely different question, which does not concern the editor personally. Most probably they were, or the preparation would not have been admitted. I have found Dr. Simmons a strictly honest and conscientious man. He may err from insufficient knowledge or misinformation, never deliberately. At least I have found this to be the case. There is no issue at all between Dr. Simmons, the Council and the Editor of the CRITIC AND GUIDE. They expect to continue to work in harmony and unison in the future as they have in the past, and it is not "Robinson *or* the Council," but Robinson *and* the Council.

But now, Mr. Anonymous Shyster, I have a few more words with you. On page 140 of the "Portland Special" double number of the Medical Brief Monthly Supplement, alias American Medical Journalist, you refer to the paragraph on ovoferrin which was abstrated from Dr. Tirard's article in the August Practitioner and printed in the August CRITIC AND GUIDE, and say: "The publication of this favorable squib in the CRITIC AND GUIDE was so complete a stultification of all that had gone immediately before in Robinson's publication," etc.; and you also characterize it as a "complete and sudden *volte face* or change of base." Now, why? why?? why??? Are you so mentally crippled and morally deformed, that you are even incapable of *understanding* a generous impulse or an *unbiased attitude?* What has one thing to do with the other? I exposed certain misstatements regarding the composition of ovoferrin, without touching upon its therapeutic value. I receive the Practitioner, in which I notice an article by a man whom I have no cause to suspect of being a venal writer. Is it not the acme of honesty and straightforwardness and a supreme

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example of fair play to abstract that article and print it in the same journal which attacked the preparation? And I ask again, is the so-called American Medical Journalist and the crowd it represents so mentally crippled and so morally leprous that an act which every honest man applauded is considered by it a change of base and a stultification? I consider acetanilid one of the most dangerous of heart depressants, and I have very decided views as to the barbarity of administering elementary phosphorus. I expressed my views editorially on these two drugs. Would I therefore hesitate a moment in printing articles on the *value* of these drugs, if they were sent in by reliable men or would I hesitate in reprinting them from other respectable journals? Have I ever claimed to be infallible or omniscient? Do I not state distinctly on the title page of my journal: Every reader has an equal share with the editor to express his opinion? And you, moral cretins, dare to raise your voice against the CRITIC AND GUIDE? But let us go just a little further. I shall soon be done. Let me reprint the pearl in full:

The publication of this favorable "squibb" in the Critic and Guide was so complete a stultification of all that had gone immediately before in Robinson's "altogether peculiar medical journal" as to divide observers between the only two conclusions possible under the circumstances, viz.: that Robinson's sudden and complete contradiction of himself and all he had previously written by the reprint of the paragraph from the Practitioner must be due wholly and solely to one of two controlling factors—Price or Pressure—and the opinion of the majority inclined to agree that the exercise of undeniable pressure was more responsible than price for the radical change of front noted when it became known subsequently that prior to the reprint of the Practitioner article in the C. and G. one of the parties most affected by the C. and G. campaign against ovoferrin had declared to a medical publisher of this city that enough evidence was there available to place the successful issue of criminal action against the Critic and Guide beyond the shadow of a doubt. It was by the development and circulation of this significant information that interested observers were able to account satisfactorily to themselves for the sudden change noted. The conclusion to which they were thus brought has been confirmed, from their point of view, by the fact that this radical change has never since been qualified by any reversion of the C. and G. to the equally radical and consistently antagonistic attitude it had previously assumed and maintained as against Barnes and Hille and their product mainly concerned—ovoferrin!

If ever there was an unprincipled scoundrel, utterly devoid of every sense of honesty and decency (if my friends want me to handle such dirty subjects, they must permit me to refer to them in my own truthful, no-beating-about-the-bush language), the writer of the above paragraph *is one*. And now let him come out and sue me for libel. I repeat the epithet with all the emphasis possible. Since the foundation of the CRITIC AND GUIDE I have never done or *left undone* a single thing thru pressure. A few fakirs threatened me with suits, but I sent them all curtly to the room next to the purgatory and told them to go ahead. Not one

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of the fakirs dared to start a suit, for they knew I was right, each and every time. As to Barnes and Hille, they never even hinted of any pressure. I learned that they were the most surprised men in the world when they saw the paragraph in the August C. and G. When I received the Practitioner from London, I glanced thru its contents, and noticing an article on ovoferrin I quickly abstracted it—the C. and G. was on the press already—and sent it down to the printer, rather gleefully, I confess, thinking with boyish pleasure what confusion this little squib would throw into the ranks of the fakirs. And it did. But I never suspected that the fakirs would be so morally rotten as to count my good deed—done half as a matter of fair play and half as a matter of pure fun—against me. And I believe that the declaration of the Anonymous Shyster that one of the ovoferrin manufacturers declared there was enough evidence for successful criminal prosecution against the C. and G. to be a lie, pure and simple, manufactured in the brain factory of the aforesaid A. S. I have no use for Barnes and Hille. They are smooth, glib-tongued drummers, who succeeded by peculiar methods in gaining the confidence of the medical profession, but in many respects they are not superior to the phenalgin or antikamnia manufacturers. I repeat, I have no use for them. But still I do not believe that they would ever stoop so low as to make such a declaration—that I was *compelled* to print a favorable paragraph. But you can never tell. Some people become perfect beasts when their pocket is touched, and many people have done things which I considred them incapable of doing. And if I should find out that Messrs. Barnes and Hille did make such a declaration—well, God have mercy on the souls of Messrs. Barnes and Hille—when I come home. Why did I not refer to their products again? There was no opportunity; and how about the present article? To paraphrase a well known saying, Dr. Robinson is afraid of nothing and nobody—except the dictates of his conscience; and of those he is not afraid, either; he merely follows them.

One final word and I shall be done for the present. The anonymous fakir refers to the American Medical Association as *our* national body. Since when have advertising agents of patent medicines and shyster lawyers become acceptable as members of our Association? Hands off! Your association consists of the ignorant, knavish, venal part of the medical profession, whose president is J. J. Lawrence. In that association all nondescripts are welcome. But hands off the Americal Medical Association.

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And in spite of all the frauds and fakirs, this is a beautiful world to live in, if you know how to live rightly. . . . And now I think I deserve a little rest, having written the above at one sitting, and I shall go out for a sail on my favorite, beautiful green lake.

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P. S.—The dastardliness of the attacks on the editor of the CRITIC AND GUIDE will be seen to be the greater when you take into consideration that the fakirs knew perfectly well that I was thousands of miles away from the United States and could not take up their attacks at once.

By the way, are not the letters and the special editions sent out about the editor of the C. and G. due a good deal to the fact that the phenalgin ad. has at last been kicked out from the advertising pages of the Journal Am. Med. Association?

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And how they do bark at Dr. Simmons! I know Dr. Simmons but very slightly. But by the fruits shall ye know them.

I judge by results. Look what the Journal has become under his management. Compare a copy of to-day with a copy of say ten years ago. Ten years ago, when pursuing my studies in Europe, I was not anxious to show the Journal to my medical friends. I was slightly ashamed of the official organ of the national organization of the United States. Now I am showing it with pride to my French and German friends, and they are obliged to acknowledge that neither in France nor in Germany have they a medical weekly to compare with our Journal. In the whole world —and I can speak with authority on the subject—there are now only two weeklies superior to our journal (*but much inferior to it in their advertising pages.*) They are the Lancet and the British Med. Journal. But the J. A. M. A. is rapidly working up to their level. Dr. Simmons is the right man for the right job!

Mess. BARNES AND HILLE, A SLIGHT CORRECTION, PLEASE.

In your advertisement of ovoferrin in the J. A. M. A. you attribute to Dittrich, of Heidelberg, the statement that the iron in your preparation is held "in the molecule in organic (*larvirt,* masked") combination. By what salto mortale you rendered *larvirt* into organic? I do not know, but most certainly larvirt never meant organic. It means masked, concealed, hidden, but it never came within a hundred miles of meaning organic in the true sense of the word. One might think the translation of one word was a small matter to squabble over, *but it isn't in your case,* as you yourself will be obliged to admit. Two years ago Dr. R. W. Wilcox read a paper before the N. Y. S. M. A. (which paper was printed in American Medicine) in which he contrasted your preparation with the other so-called organic preparations of iron. And he stated that while all other preparations contained merely *masked* iron, yours was a true *organic* iron. Being 3,500 miles away from home, I cannot quote his words verbatim, but that's what he stated. Now with your well-known skill in citing and garbling authorities, you flaunt before the American public the authority of Dr. Dittrich. But what did Dr. Dittrich say? Unfortunately

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for you, he used that very term *larvirt,* which is correctly translated *masked,* but which you with rather too much of poetic license turn into the to you convenient term organic. It is thus seen that according to Dr. Dittrich, whom you yourselves cite as the last court of appeal, your preparation is just what Dr. Wilcox said it wasn't, namely, merely masked iron, namely, merely what most other organic irons are. Therefore, one peg down, please. If we are ethical, let us be ethical all the way thru. At any rate, kindly correct this undoubtedly unintentional error in the copy of your next advertisement.

THE SPIROCHAETE PALLIDA AS THE SPECIFIC ORGANISM OF SYPHILIS.

It behooves the true scientist to preserve an unprejudiced, open, yet skeptical attitude towards all new discoveries, new remedies, announcements, etc. We do not in the very least question the honesty and good faith of every scientist engaged in research work, but the desire to be the father of some new important fact, some discovery, is so great, that the investigator sometimes begins to suffer with a kind of delusion and occasionally he sees things which no one else can see. The discovery of the specific organism of syphilis has been announced so many times, falsely announced, that is, that no wonder we have become skeptical. But in the Schaudinn-Hoffmann Spirochaete pallida we *seem* at last to have gotten a hold of the true organism of syphilis. That it is a practically constant accompaniment of true syphilitic process is no longer subject to doubt. The examination for spirochaete is now performed as a routine measure in many German and Swiss clinics for diagnostic purposes. And the spirocete is not an organism which only its discoverer can see. Anybody fairly familiar with microscopic technique and in possession of a good microscope can see them in abundance. Only the other day, in Prof. Iadassohn's clinic in Bern, I saw a slide, which, one might say, contained an almost pure culture of the spirochaete. There were about 10 to 20 of them in every field. The preforation was from an infant, the subject of hereditary lues. There is no question that with the perfection and the simplification of the microscopic technique, the search for the spirochaete will become as routine a diagnostic method in reference to syphilis as is the search for gonococci in a case of urethritis. With this difference, however. While we know absolutely that the gonococcus is the exciting cause of gonorrhea, we are not yet in a position to claim with absoluteness an etiologic significance for the spirochaete. An organism may, of course, always accompany a disease and still not be the exciting cause of that disease. Some investigators do not hesitate to specify the spirochaete as the exciting cause of syphilis, but we think this is somewhat premature.

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A UNIQUE HOSPITAL.

Times change and customs change with it. There was a time, and not so very long ago, when venereal disease was regarded as a crime and physicians considered it beneath their dignity to treat such diseases. And at one time the venereal patients who applied in the Paris hospitals for treatment were whipped and lashed; whether as a punitive or therapeutic measure is not known. At any rate, when that class of patients began to diminish in number and finally disappeared altogether—whipping was never realished very much even in the olden days—this method of treatment had to be abolished. In the Anglo-Saxon countries the feeling towards blenorrhea and lues is still a harsh one—thus, for instance, members of our lodges are generally excluded from free medical treatment and sick benefits if they happen to be afflicted with one of the above diseases. In the Teutonic and Roman countries these diseases are looked upon much more leniently. Whether the lay and medical authorities are familiar with them from personal experience and are therefore inclined to be more sympathetic, or whether it is done as a measure of self-protection, the fact remains that in Germany, Austria, France, etc., venereal diseases are treated with much greater care than they are in our country. And the propaganda in venereal prophylaxis goes on with much greater energy than in the United States or England.

During my first day's work at the Berlin University Polyclinic (for skin and venereal diseases), I was mystified by several patients asking me if I could not arrange it and send them to "Lichtenberg." I did not know what it meant. On inquiry I found that Lichtenberg was a suburb of Berlin in which was located a model hospital for venereal diseases. Working people who paid a certain small weekly insurance were kept there and treated free until they were well. At the first opportunity I went over there, and the house physician, Dr. Hermann Schmidt, whom I take this opportunity of thanking for his courtesy, took me thru and explained me the rules and the workings of the institution. The patients did not look very much like patients. They seemed a happy, jolly lot. And to see twenty or thirty of them standing naked rubbing each other's backs with Unguentum Hydrargyri, under the accompaniment of a popular song, produced on me a rather funny impression. The hospital is situated in the midst of a very pleasant garden, where most of the patients spend their time playing games, singing, etc. Besides being treated, the patients receive thoro instruction in venereal prophylaxis, and after leaving the hospital they still present themselves for a long period once a week for observation. The patients like the hospital and are not any too anxious to leave it. As the house physician told me, many consider their stay in Lichtenberg their best vacation.

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and he even assured me that he had a strong suspicion, which in some cases would become a positive certainty, that gonorrheal patients (not of course syphilitic) would occasionally take the deliberate risk of getting reinfected in order to pass a term at Lichtenberg, and that the reverse side of the medal, vice or disease, must not be made too attractive.

THE GREEN PERIL.

We have heard a good deal of the yellow peril. But while the yellow peril is problematical and perhaps exists only in the heads of Emperor William and the friends of Russian beaurocracy, the green peril is far from being a fancy; it is at our door, and is a positive danger to the generations to come. This term has been applied, and with perfect right, to the most pernicious of all alcoholic drinks: absinthe. Its use is increasing in alarming proportions. Fifty years ago, for instance, France consumed 73,500 liters of this poisonous beverage, now it consumes the enormous amount of 13,300,000 liters. And the same alarming increase is noticed in every country in which this drink has gained a footing; for the absinthe habitues always demand larger and larger portions. It is no wonder that some States have finally become aware of the danger of the green peril, and are taking measures for combating it. In Belgium, for instance, the preparation, sale and even transportation of the green poison has been entirely forbidden. It were a good thing if just as stringent measures could be taken in the United States. Until such measures are adopted the propaganda of education can be our only weapon. Perhaps if the smart set became imbued with the knowledge that a disordered nervous system, impotence and morally and mentally deformed offspring is the price or penalty of the green drink, they would leave it alone.

DO WE DEMAND SLAVISH OBEDIENCE TO AUTHORITY?

"Two obstacles have always been in the way of the progress of medicine: Authorities and systems. Authorities may be referred to for certain observations and thoughts, but the self-conscious man follows them only when they (the authorities) offer him a guarantee of their ability to observe and think properly, and even then only so long as their observations and ideas do not conflict with his own observations and ideas. All authority must, therefore, be a relative one only; it *may guide* our observation and judgment, it must never dictate them. . . . His own (the physician's) senses and thoughts must be his supreme, highest, authorities!"

And these words, which I translated several years ago from one of Virchow's addresses, come to mind each time when I hear

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one of the fake physicians painting the regular scientific profession of medicine black for its alleged slavishness to authority, for its fear of treading new paths, experimenting with new methods, new agents, etc. No, no. The custom of bowing to authority too much was just and true 100, 75 or even 50 years ago. It is decidedly unjust now. Now everybody is free to follow his own line of thought, to pursue his own investigations, to treat patients according to his own judgment. And if he has anything to tell to the world, he is sure of a *hearing*. His statements will be investigated by hundreds of honest, faithful workers, and corroborated or denied as the case may be. All we demand of any physician desiring to remain within the boundaries of the regular medical profession, is not to claim the impossible, not to be a quack. We have no other rules or laws.

THE OLDEST PHARMACY IN THE WORLD.

With what pride an American druggist points to the fact that his drug store was established in 1860, for instance! And if a drug store in our country has been in existence 60, 75 or 100 years, why, it is considered very, very ancient, indeed. Ancient? Mere babies compared with some of the European drug stores. In Paris, Vienna and Berlin a drug store 100 or 150 years old is a common occurrence, and I have come across several 200 and 250 years old. But I think that the oldest European drug store is the one I came across the other day in Bern, Switzerland. That is the Apotheke zum Rathaus—translated: City Hall Pharmacy —which the legend outside tells us has been established and existing in the same house since 1441! Just think of it! Established 50 years before the genius of Christopher Columbus gave mankind another world. I'll wager that at that time the drug store contained neither peruna, nor Hood's sarsaparilla, nor phenalgin, nor antikamnia. You see, there was no regular communication then with the United States. I went in and had an interesting talk with the proprietor of his unique pharmacy, and if there is anybody who knows of an older establishment, the editor of the CRITIC AND GUIDE would like to hear from him.

I am glad to see that wiser counsel prevailed and that the name of the Section of Pharmocology has been changed to that of Pharmocology and Therapeutics. Whatever the name Pharmacology may mean etymologically and whatever wide significance may be given it in Germany, in our country its meaning is a narrow one, and we all felt that it was a great drawback. But we had to yeild to the decision of the House of Delegates. And here, in the quiet cool Swiss village, with the lake of Thun at my feet and the mighty Niesen and snow-capped Blümlisalps before me, I am glad to learn, I repeat, that our section made a fight for a more comprehensive name, and thru it has been successful.

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PERSONAL RANDOM TRAVEL NOTES.

(Continued from August)

VENICE At last we came to the city whose richest citizens own no horses, where the rumble of wheels disturbs no one's sleep, where there is no dust, no street sweepers, no trolley cars, but which is the most unique and most delightful place in the whole wide world. Venice was not new to me. Its topography is as familiar to me as that of New York, and nevertheless it was with a feeling of genuine delight that I once more beheld the somewhat faded and wrinkled but still charming and beautiful Queen of the Adriatic. To be enjoyed to the fullest, Venice must be visited in April and May or September and October; it was at its best when we came there—the latter part of May. Our first visit was of course to the Piazza S. Marco. Is there another place in the world to compare with St. Mark's Place in Venice? No, there isn't, and you can take it on my authority. The *Place de la Concorde,* in Paris, is larger, grander, more magnificent, but it does not possess the charm, the uniqueness, the coziness of the Piazza S. Marco. The Piazza looked as beautiful as ever—almost. I say almost, because the 320 feet high Campanile which tumbled down in 1902 was an integral part of the picture. Its absence is felt very keenly, and the woodwork and scaffolding around its base mar the effect considerably. But let us be thankful that the Campanile is soon to be restored. It is hard to decide when the Piazza S. Marco is at its prettiest and its best—in the early morning, when all is quiet and solemn, in the afternoon, when the hundreds of tame pigeons come for their daily food, which they pick from the hands of the indulgent visitors, or in the evening, when—

Well, I think, after all, it is at its best in the evening. It is a picture from fairyland, a page from "A Thousand and One Nights." The glorious music, the thousands of people from all corners of the world gaily parading to and fro, the hundreds of rows of tables, around which interesting men and dark-eyed southern women "sip" their *gelati*, the gay and noble St. Mark's church in front, with palaces forming the three other sides of the square, and above all the blue, cloudless Venetian sky—all this forms a picture never to be forgotten. And you resent it when the big clock strikes midnight and tells you it is time for you to go to your hotel and to bed. And you don't, either. You call a gondolier, and tell him to go back and forth on the grand canal, until you'll order him to stop. You stretch yourself out in the gondola, with your good half beside you, and languidly you abandon yourself to dreams. The gondola glides along swiftly and noiselessly, the singing and serenading on the canal has ceased, the hotels have extinguished their lights, everything is so quiet and peaceful that Quiet and Peace take possession of your soul. You dip your hand

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into the grand canal, allowing the water to glide between your fingers, and you dream. You dream of a time when everything will be quiet and peaceful, when war will be no more, when fight and struggle will be no more, when cut-throat competition will be no more, when degenerating luxury and soul-killing poverty will be no more, when gaunt misery will be no more, when oppression and tyranny will be no more, when sham and humbug will be no more, when people will not endanger their fellow-beings' lives with putrid food and poisonous nostrums, when the fear of loss of position and the spectre of starvation will not force people to hide their thoughts, to cringe, to lie, to act contrary to their convictions. You dream of a time when truth and fraternal love will be no empty sounds, when every human being, materially independent, will dare assert his thoughts and his individuality, when all mankind, freed from mental bonds and material chains, will sail on towards its highest Ideal, towards Perfection, unhampered and uninterrupted. In short, you dream of a time when *everybody* will be happy, as happy and as peaceful as you feel at the present moment. Dreams? Yes, but the dream of yesterday is the reality of to-morrow, and as sure as I am of the fact that I am alive—*cogito ergo sum*—so sure I am that all those dreams will some time be a reality. Whoever studied history from a proper point of view cannot fail to believe as I do. And do not believe that because life is now a fight and a struggle it will always be so. History does not always repeat itself, and because a thing *is*, it does not follow that it will always be so. Because we bled and purged patients to syncope, it does not follow that we must always do so. We have perceived our error. We tortured and burned heretics—we don't do so any more (tho we still occasionally ostracize them), and many, many other things— No, remember that because a thing is, it does not necessarily follow that it will always be so. Were it so, no progress would be possible.

And so you keep on dreaming, and the gondola keeps on gliding, and you feel as if you could keep on indefinitely. But Mrs. R. is beginning to complain of the importunities of Morpheus—she can hardly keep her eyes open—and the gondolier informs you that it is *due ore* (2 o'clock), and reluctantly you tell him to bring you to your hotel. And as soon as your head has touched the pillow you sleep the sleep of the just.

The Palace of the Doges, the noblest fruit of Venetian architecture, "the great work of Venice, the principal effort of her imagination," is as enchanting externally as it ever was and as it ever will be (until it tumbles down), but its interior will at present prove disappointing. Everything is pell-mell. When the Campanile fell, all important buildings were subjected to a thoro examination. Dangerous cracks were discovered in some of the walls

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of the Palace of the Doges, which made extensive repairs imperative. This necessitated the removal of many of the pictures (thus, where you used to see the largest oil painting in the world, Tintoretto's "Paradise," you now see a bare wall) and frescoes, and in many of the halls the harmonious effect is destroyed. But still there is enuf left for you to spend six hours in admiring contemplation. The attendants at the Palace of the Doges are "just lovely." They speak good English, French and German, and are not only ready but anxious to answer questions and offer explanations. And, incredible as it may seem, they accept no tips. If you are a lover of contrasts you can find no greater contrast in less space and time than in the Doges' Palace. You are in a most magnificent hall. The floods of light thru the large windows disclose precious woodwork, priceless oil-paintings, marble, bronze and gold. You pass the door, go down a few stairs, and before you know it you are in dark, musty, subterranean dungeons; small, narrow cells, no light, no air, no sound; hopeless indeed was the fate of those cast alive into those stone graves. How those wretched nobles could enjoy life, liberty and luxury above, when they knew that right beneath them, under their feet, human beings were gasping for breath, straining their ears to catch a sound, praying for a ray of sunlight, and rapidly drifting into insanity, is more than a humanitarian can comprehend. It shows that those nobles were not very noble, but very ignoble. These dungeons are not in use now. They are only for the delectation of visitors. But right near these dungeons you can pass thru the *Ponte dei Sospiri* (the original Bridge of Sighs) into the real prison. Another nice contrast: the Doges' Palace and next door to it a dark, dingy prison. But you can see many contrasts in Venice. On St. Mark's Place you may see a duchess promenading all in lace and diamonds and next to her a barefooted peasant woman, or a woman in rags with a baby in her arms. Poverty is not considered a disgrace in Italy, and the poor are not molested in Venice by the police. At the stairs of St. Mark's church, near the pedestals of the monuments, you may find at night many beggars sleeping peacefully, without fear of being rudely awakened by a policeman's club. The poor ye shall always have with ye, they are the children of God, and are so by his will, so why should they be kicked and driven about, why should they not be permitted to enjoy God's free air undisturbed?

Before leaving St. Mark's Place, get a good look at the famous bronze horses, which, four in number, surmount the portal of the church. I like to look at them. Tho not of flesh and blood, but of bronze, they did a good deal of traveling. Originally they delighted the eyes of the denizens of Rome. Emperor Constantine carried them away to Constantino-

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ple. Just seven centuries ago—in 1205—Marino Zeno brought them from Constantinople to Venice. Here they stood quietly for nearly six hundred years, but in 1797 a naughty man by the name of Napoleon, who had the admirable habit of taking everything he had a liking for without asking the owner's permission, took those four horses to Paris. But the Buster Brown pranks of Napoleon finally became too much for his neighbors, and they decided the best way to break his youthful spirit would be to wed him to a strict, silent and morose lady by the name of St. Helena. And they did. And very quiet indeed was Napoleon Bonaparte after that. And many of the things which he had taken were then restored to their rightful owners—among others, the bronze horses of Venice. Where they are still now.

If you wish to see primitive life, take a sail to Burano. It is but a short distance from Venice. Burano is the village where practically all the celebrated Venetian lace is manufactured. At nearly every door you can see girls ranging in age from seven to seventy squatting on low stools with padded blocks on their laps, stitching, stitching, stitching. And the barefoot fishermen—almost every one could serve as a type, a model for an artist. Beggars we had a-plenty and of all ages, from six-year-old urchins to doubled-up, parchment-faced centenarians, all begging "uno soldo, Signor." But they were not obnoxious. If they got a soldo they were grateful, if they didn't, they went their way quietly. A word about begging in Italy. There was a time when begging was the bane of the traveler. The beggars were impudent and persistent, and if you refused to give, they pursued you with volleys of curses and maledictions and occasionally even with stones. Naples is about the only place where you can still meet with a specimen of sturdy begging rowdyism. In other places you are not annoyed; and if you exchange two or three dollars for copper coin, you will have quie sufficient to satisfy all demands made upon you for alms. In Burano we visited the lace factory which is under the patronage of Her Majesty, the Queen of Italy, and the two hundred girls on their low stools with their blocks on their laps presented a picturesque sight. Whether they felt *picturesque,* sitting and sewing the whole day, I don't know. They get 10 to 20 cents a day, but the prices demanded for the lace is shamefully exorbitant. So says Mrs. R.

From Burano there is but a short sail to Torcello, where you will see a curious church, founded about 650 A.D., which contains many old naive mosaics. One mosaic picture of the lost souls roasting in hell ought to prove particularly terrifying to infidel freethinkers. And if you feel too warm, take a sail to Lido and enjoy a dip in the Adriatic sea. The beach is exceedingly fine, only the water is rather too warm. But it is delicious after the

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bath to take a walk on the terrace and observe the animated couples, listen to the soft, sweet-sounding Italian language, watch the pretty women smoking their dainty cigarettes (how shocking! and in public, too), and it is interesting to make comparisons. . . .

Is traveling indispensable to one's happiness, thought I, reclining on the terrace at Lido, while songs and music filled the air. Not at all. *Happiness comes from within,* and if there is something in you gnawing at your vitals, running from one place to another will not do you much good. But if you are at peace with the world and yourself, then traveling, properly undertaken, will bring you a good deal of enjoyment. Not every traveler enjoys his travels. Many confess their regreat at having undertaken a journey, and I have seen many of our Americans, forlorn and dejected, spending hours and hours in the hotel lobbies trying to kill their ennui over brandy and soda. A person who does not know a word of the language of the country in which he travels, is not familiar with its history, nor its geography, cannot expect to derive the same benefit and enjoyment as would be derived by a person possessing a knowledge of all those things. Then the time of travel makes quite a difference. Each country, each capital has its time at which it is visited to best advantage. Venice in August, for instance, is by far not so pleasant as Venice in May. The heat, the smell from the side canals, the mosquitos, etc., all combine to make the visitors' stay a very uncomfortable one.

* * * *

The life in Venice was growing on me. The luxury of the hotel, the comfort of gondoling, the soft, warm air, the blue sky—I felt I was getting actually lazy. Thinking was becoming a task—the inclination to day-dreaming was becoming irresistible. No wonder Venice has produced no scientists. The climate is not favorable to hard work. It is the climate for lovers, poets and artists. And as I felt myself getting lazy, I decided it was time to go back to hard work, to cold reality. And so we took the shortest way back to Berlin. And as we came to Berlin we found ourselves in a boiling maelstrom of humanity. Many streets were impassable, not in the figurative but in the literal sense of the word. The crowds were such as you see only once in a lifetime. Everywhere flags, flowers and garlands. And the people dressed in their holiday clothes. And everybody cranning his or her neck to get a glimpse of the gala carriages in which there recline with haughty or benevolent mien kings and princes, grand-dukes and generals, ambassadors and special envoys, etc., etc. And still prouder and haughtier look the flunkeys in front and back of the carriages with their white wigs and gold and silver toggery. What is it all about? A young man is getting married. Has the young man done anything that he is so honored? Has he distinguished

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himself by some great deed, great discovery, great talent, great learning? No, he has not done anything, he has not distinguished himself by anything. He is a harmless, good-natured chap, about whom you can say nothing good, nothing bad. He was, however, smart enuf to select Kaiser Wilhelm for his father and to be born ahead of his other brothers. Therefore, if nothing happens, he will one day be Emperor William III. That is, if the Germans do not outgrow kings and emperors by that time. Yes, the 3d, 4th, 5th and 6th of June were gala days for Berlin. And the police had to sweat! But throuout they preserved their good nature and equilibrium. Not a case of bullying, rough handling or clubbing. A striking contrast when compared to the police of another town I know. But it is all over now. Crown Prince William and his wifey Cecily have gone away on their honeymoon, and Berlin has again entered upon its humdrum, workaday beer-drinking existence. And for the writer of these lines it is again eczema, psoriasis, lichen ruber, lupus erythematosus, urethritis gonorroica, epididymitis, lues, lues and again lues, microscope, white mice, serum agar, etc., etc. Well, you can't always have cake and pie and gondolas. . . .

* * * *

If you like these random notes, penciled in the railway cars, railway stations, parks, museums, churches, cemeteries, dungeons, etc., I shall give you more of them in the next few months.

VESICAL RETENTION OF URINE.

By Ferd. C. Valentine, M.D., and Terry M. Townsend, M.d.,
of New York.

The single symptom of inability to entirely void the bladder contents, is so dispersed in literature that, when its prompt relief is imperatively demanded, text-book consultation is out of the question. The purpose of the present paper is to summarize the treatment of the symptom, with only so much allusion to its etiological factors as is necessary to decide upon the methods to be employed to relieve the emergency. The ends in view may be best subserved by first reciting the means ordinarily used.

Common Domestic Treatment.—In retention from any cause, provided that danger to life is not imminent, and provided also that the patient is not too unmanageable for temporization (as during alcoholic inebriety) the ordinary domestic inciters to urination may prove successful. They are: (*a*) Exposing the patient to the sound of running water; (*b*) causing him to suddenly plunge one or both hands into cold water; (*c*) prolonged hot sitz-baths or general baths (*quod vide infra*).

If within fifteen minutes these fail, recourse must at once be had to catheterism. If consent to catheterize without general anesthesia is not obtainable, this may be employed.

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Not infrequently the production of the emergency instruments induces a tendency to syncope, especially if glittering metal catheters are among them, and if these are not too noiselessly placed into the pan for resterilization, the promptly saturated condition of garments or bed will then show that the patient has been spared instrumental intervention.

Hot Baths.—When a patient cannot urinate, a prolonged hot hip or general bath suffices, in many cases, to overcome the retention. In all it gives time to inquire into its cause and to prepare for treatment. Furthermore, as all retentions resting upon disturbances of the urinary apparatus are aggravated by local congestion, the hot bath is useful in equalizing the circulation and thus tending to reduce the local congestion. Even if this is not sufficiently overcome to enable the patient to void urine, subsequent treatment will be easier in consequence.

The ten or fifteen minutes that the patient spends in the bath also give ample opportunity to prepare the instruments to evacuate the bladder, should they be required. At the same time the history of the case may be obtained and such physical examinations made as may be necessary. Among these, bimanual palpation, with one finger in the rectum and the fingers of the other hand on the prevesical region, will determine whether an enlarged prostate is at least a contributing cause of the retention. Experience in the rectal touch enables the practitioner also to very closely estimate the amount of urine retained in the bladder. This offers a most valuable means of differentiation, for if bimanual palpation shows the bladder to be empty, the absence of urination is not due to vesical retention, but to renal or ureteral retention, or anuria.

The bath, the examinations, the preparation of instruments often have decided psychic advantages. They appeal to the patient as active procedures directed to the relief of his distress. His quite natural anxiety and irritability are very much appeased and he is rendered a coadjutor in the manipulative measures that thereafter may be needed.

Obviously, however, if the physician is called when the retention menaces rupture of the bladder or urethra, immediate instrumental intervention is necessary, without the delay that the bath entails.

When the retention is due to general systemic disease (*e.g.*, typhoid fever, locomotor ataxia) it must be relieved by catheterism, although the hot bath may be of service incidentally.

Diuretics and Diluents.—Anything that increases the secretion of urine can but aggravate overdistention of the bladder. Therefore, diuretics and diluents are distinctly contraindicated in retention of urine.

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Antispasmodics.—No retention of urine is ever caused by vesical spasm. Spasm of the compressor, however, can evoke temporary retention. But this retention is so brief that it subsides before any drug can take effect. It merits mention, if only to warn against the employment of antispasmodics to combat it.

Opiates.—These cannot affect a urinary retention, no matter what its cause. They may, however, retard the secretion of urine as they diminish all secretions, and thus delay the ever-increasing distention of acute retention. At the same time they must necessarily reduce the reflexes which are the essential stimuli to micturition. The caution with which they must be employed is, therefore, self-evident.

General Anesthesia may be serviceable under the exceptional circumstance of a hot bath being unobtainable. However, when complete retention is due to an obstruction (stricture, prostatism, a foreign body or growth) general anesthesia avails nothing, as it cannot reduce the obstruction. Neither can an anesthetic at all influence the pelvic congestion which may, when even a minor obstruction exists, precipitate a retention.

Capital Surgical Intervention.—Whatever the condition that produced the retention of urine, major operation is only exceptionally required to meet the emergency. While in some cases capital operative measures may be needed to cure the basic condition, the urgent symptom can in the vast majority of instances be relieved without life-endangering procedures.

Non-Operative Intervention.—The period for which a retention has persisted is no guide to the need of instrumental ingression. In some cases the alarm created by the inability to urinate is so great as to cause the secretion of immense quantities of hysterical urine, still further dilating the distended bladder, and consequently still further increasing the distress. Palpation and percussion, in many cases mere inspection, reveal an immensely dilated bladder, extending far above the pelvis and apparently on the verge of rupture. Rupture of the bladder, however, occurs but rarely, and can always be prevented by an operator who is prepared for the emergency. The preparation is so simple that even the youngest general practitioner who will observe the ordinary rules of asepsis, can carry to a successful issue every case, even when the most alarming symptoms are present.

In order to render of practical value any effort to set forth the various modes of treatment of vesical retention that most uniformly prove successful, it must embody a consideration of the causes of retention. These are often so interlaced that any classification would be but artificial and hence non-conducive to an intelligent grasp of the subject. It seems better, therefore, to recite the conditions that may produce the symptom, in the order of their gravity.

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1. *Retention Complicating General Diseases.*—Osler says: "Retention of urine is an early symptom (of typhoid fever) and may be the cause of abdominal pain. It may recur throughout the attack." The same authority, in discussing locomotor ataxia, states: "The first warning of the disease which the patient has may be a certain difficulty in emptying the bladder."

2. *Simulated Retention.*—Some miserable creatures of both sexes feign retention of urine for the masturbatory gratification which catheterism brings them. Lydston, in his classical work, calls attention to this as follows: "The gynecologist is compelled to be on his guard with reference to a not infrequent form of nymphomania, but one which is little suspected by those surrounding the patient, in which the woman develops a fondness for gynecological manipulations. The subterfuges and devices of such patients to induce handling of the sexual organs by the physicians are often remarkable. One of the most frequent forms of this malingering is the pretence of retention of urine, although every disease that they ever heard of may be complained of by such patients in their insane endeavors to obtain manipulations at the hands of the physician."

Howe (quoted by Lydston) relates a case of this kind occurring under his observation at Bellevue Hospital:

"*Case.*—A girl, aged eighteen years, was admitted supposed to be suffering from retention of urine. She was thin, her eyes were deep-set but bright and staring, and were found filled with tears. Her statement was that she had passed no water for three days, that she was subject to these attacks and was treated by having her water drawn off. I introduced the catheter and found only a few ounces of urine in the bladder, not enough, indeed, to corroborate her history. The next morning, as she had not urinated during the night, I drew off the urine again. While doing so I noticed by a series of curious convulsive movements that she was under the influence of strong excitement. Further examination showed that the labia minora, clitoris and adjacent parts were red and swollen and bathed in a profuse mucous secretion. I then remembered that on the previous evening she had shown a somewhat similar state of excitement, and gave the nurse orders to watch her closely all day. In the evening the nurse informed me that the patient kept up a constant friction of the genitals when she supposed no one was watching, and even when eyes were on her she endeavored by uneasy movement in the bed to keep up the titillation. Knowing then what I had to deal with, the patient was given a sedative and told she must empty her bladder without assistance. For thirty-six hours subsequently she obstinately insisted on her inability to urinate. When she was told that no catheter would be employed again, there was no further retention. Soon after she left the hospital, I learned that a physician friend

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of mine was treating her for uterine disorder, but he, too, soon found out the true nature of the case, and advised her to get married.

"A number of cases of a similar nature have come under the author's observation, both in hospital experience and private practice."

Lydston's experience is not dissimilar from that of other specialists. The senior writer of this paper recalls a few males who used like subterfuges to the same end.

3. *Hysterical Retention of Urine.*—Detailed consideration and treatment of these cases, as those of simulated retention, belong in the domain of psychiatry.

4. *Retention from Delayed Urination.*—Only those cases in which no pathological change exists are intended to be covered under this paragraph. Some men and women, otherwise quite sensible regarding their physiological needs, will defer the act of urination in obedience to social demands, even when conveniences for relief are at hand, as in European cities. The first desire to urinate is easily controlled. Tolerance of increasing vesical distention is soon established, and for a while the desire to void the bladder ceases to assert itself. The conditions that then attract the patient's attention to any abnormality are, (*a*) a vague sensation of pelvic or abdominal discomfort; (*b*) recollection that an unusually long interval has elapsed since the last urination, or (*c*) an unsuccessful attempt to empty the bladder in obedience to habit, as before retiring.

Ineffectual efforts to void urine under any of the above circumstances soon produce great physical and still greater mental distress. The patient unconsciously evokes the additional aid of the abdominal muscles to assist the detrusors in overcoming the compressor. The greater the efforts thus made, the more intense does the distress become. If long in this condition, the patient may appear to be on the verge of collapse, the pulse becomes small and rapid, respiration labored, the expression anxious, the skin pale and bathed with clammy sweat. In very rare cases syncope results, and when it does, the consequent muscular relaxation often allows the escape of urine. The sudden emptying of the bladder, in such an event, may be followed by hemorrhage *ex vacuo,* as is likely to occur also when retention due to other causes is too abruptly entirely relieved.

The treatment of retention due to delayed urination does not differ materially from that of retention dependent upon other causes, except that in the former, recourse to general anesthesia may be inevitable when the patient's pusillanimity precludes even touching the genitals.

5. *Retention from Excesses in Baccho et Venere.*—It occasionally happens that a person, of either sex, with normal urinary

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apparatus, is seized with retention of urine, while in an alcoholic or sexual debauch. The treatment of such a condition is identical with that of retention due to delayed urination (*supra*).

6. *Retention from Fear of Pain.*—Occasionally a case is seen in which the patient suppresses the desire to urinate because the preceding urination was painful to him. This ordinarily occurs with patients suffering from acute gonorrhea, who cannot be convinced that after an irrigation of the urethra, urination which previously was painful is most likely to be entirely easy and free from difficulty of any kind. A retention of this kind must be treated as retention in the before-mentioned conditions.

7. *Retention Due to Stricture.*—When a urethral stricture is neglected, it generally contracts so gradually that the patient does not observe the reduction of the caliber of his stream. So, too, he fails to observe the gradual increase in the number of times he finds it necessary to empty his bladder. If uncleanly, he pays no heed to the dribbling of urine that follows micturition which, saturating the garments and macerating the epithelium of the genitals while it decomposes, may produce irritating skin eruptions. These, then, may cause him to seek advice leading to the discovery of the presence of urethral stricture. In some cases the stricture is not noticed until the patient, after an alcoholic or sexual debauch, suddenly finds himself unable to urinate. In rarer cases, without precipitating cause, the peristrictural region becomes engorged until it entirely arrests normal emission of the vesical contents.

Whatever the cause that leads a stricture to prevent the extrusion of urine, the retention must be promptly conquered. This demands, primarily, every effort to traverse the urethra without the slightest injury to its mucosa. The first impulse of the inexperienced is to insert a small instrument. This is an error, because it invites the very injuries which it is essential to avoid. A fine catheter, no matter how soft, is more likely to engage in and penetrate the urethral folds or enlarged Morgagnian crypts, puncturing, tearing or producing false passages, which seriously complicate the condition. The rules to be observed are the following: (1) Wash the urethra as far as possible with hot boric acid 4 per cent. solution, or oxycyanide of mercury 1-5,000. (2) Select the largest blunt, soft rubber catheter that will pass the external meatus, lubricate it liberally with Gouley's saponic lubricant, Guyon's ointment, Synol soap, or 10 per cent. suspension of iodoform in glycerin. (3) If the catheter in its course toward the bladder is arrested, press it gently against the obstruction for a few seconds If the obstruction does not yield to mild pressure, withdraw the catheter and select a smaller one. (4) In case three or four blunt catheters successively used prove futile, continuance of their employment is inadvisable, as they are likely to irritate and increase

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the urethral congestion. Therefore, it is well, at this stage, to have recourse to conical olivary woven catheters, whose high polish diminishes the risk of frictional injury of the mucosa. The same technic suggested above (3) is to be applied in the use of these catheters. (5) In case the conical olivary woven catheters also fail, several efforts may be made with the Delafosse or Phillip's rat-tail catheters. As the sudden obstruction met in the strictured region is usually soft tissue, it is most likely to yield to the very gradual increase of size of these catheters, after their fine terminals have traversed the coarctated region. (6) As soon as any of the above-mentioned instruments has entered the bladder, the urine will escape from its mouth. The relief that the patient then experiences might mislead one into allowing the entire vesical contents to escape. This would be a grave error, for two reasons (*a*) sudden evacuation of the bladder is likely to produce a serious hemorrhage *ex vacuo;* and (*b*) withdrawing the catheter after it has rested but a few moments in the strictured region, robs it of the opportunity to exercise that decongesting influence which must immediately precede the dilatations that are subsequently employed for treatment of the stricture.

Hence it is wise to relieve the bladder very gradually. This is best accomplished in the following manner: (1) Allow 60 c.c. of urine to escape. Save this for microscopical examination, so that it may be decided, as soon as possible, whether the upper urinary organs are affected. (2) With a syringe or irrigator, inject through the catheter 30 c.c. of warm 4 per cent. boric acid solution. (3) Permit 60 c.c. of the bladder contents to flow off. (4) Inject 30 c.c. of the boric acid solution. Continue the above procedure until nothing but clear boric acid solution flows from the catheter.

If, however, all efforts at catheterism fail, recourse must be had to filiform bougies. These are employed as follows: (1) Bend the ends of three filiforms in the shape of bayonets; bend three at various angles, and three into corkscrew terminals. Dip each one into collodion, which, on drying, maintains the instrument in the shape given it. (2) Take the penis in the left hand and, with a syringe, fill the urethra to its fullest capacity with iodoform 10 per cent. in glycerin. While holding the penis with the third, fourth and fifth left fingers against the left thenar eminence, compress the glans with the left thumb and index finger to prevent the iodoform-glycerin from escaping. (3) Insert into the urethra as many straight, angular and bayonet-shaped filiforms in equal numbers as the meatus will easily admit. Very gently guide them as far as they will go, without exercising any force whatever.

When the filiforms are arrested, select any one of them and advance it gently until it will not proceed further without the employment of more force than is required to project it. Repeat

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this procedure with each one of the filiforms successively until one of them has found its way through the coarctation and into the bladder. Then remove all the other filiforms and anchor this one in place according to Guyon's method, as elsewhere described. (4) If the introduction of a straight, bayonet-shaped or angular filiform is impossible, then insert a corkscrew filiform in the same manner as described above. When it has reached a spot which it will not traverse, turn it very gently to the right and left until it becomes engaged in the lumen of the stricture through which it will then readily find its way. Should it reach a point whereat its progress is definitely arrested, insert another corkscrew filiform and employ it in the same manner as the preceding one. In cases of excentric or tortuous stricture, three or four or more such filiforms may sometimes be needed.

When a filiform has traversed the stricture, even though tightly grasped by any part of the urethra, the retention is practically conquered. Drops of urine will soon begin to dribble along its sides and in from six to twenty-four hours the filiform will be found lying loosely within the stricture. A catheter can then be easily inserted. It will be well, when catheterism has become possible, to anchor fast the catheter in the same manner as the filiform was kept *in situ*, and to close its mouth with a wooden plug or spigot which may be removed at regular intervals and the bladder washed when necessary.

If examination of the urine reveals that the upper urinary organs are seriously affected, the presence of the filiform through the stricture will assist in establishing the drainage which is the condition precedent to treatment of the vesical, ureteral or renal involvement. Moreover, if rupture of the bladder, of the posterior urethra, or infection menaces the patient's life, then the filiform will serve to conduct a Gouley tunneled catheter for more rapid evacuation of the bladder or as a preliminary to internal urethrotomy or a guide to external urethrotomy.

Whenever all efforts to introduce even the finest filiform through the stricture prove unavailing, *suprapubic puncture* may save the patient from a dangerous operation. This is performed by first shaving and rendering the pubis aseptic and then plunging a canula and trochar through Retzius' space into the bladder. This almost painless and safe operation may be repeated three or four times in twenty-four hours. Before each repetition, efforts should again be made to traverse the stricture as before suggested. In the vast majority of cases they will prove successful sooner or later, in consequence of the reduced congestion established by removal of the impediment which an overdistended bladder offers to return circulation.

8. *Retention Due to Prostatic Enlargement.*—Prostatics are liable to retention of urine at any time, from the same causes that

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can produce retention in strictured patients. The symptoms of such retention are practically identical with those of retention caused by stricture. The treatment of this retention is not difficult while the bladder-contents are still aseptic. If the retention is recent, a prolonged very hot bath often procures relief without instrumentation. If, after ten or fifteen minutes of such a bath the patient cannot empty his bladder, his hips may, while he is still lying or sitting in hot water, be elevated sufficiently to expose the genitals for catheterism. The instruments most safely used are the Mercier woven catheters as modified by Guyon. These catheters are made with their beaks bent at various angles.

In the use of these prostatic catheters, the same rules obtain as given for the employment of filiforms in retention due to stricture, with the exceptions noted below: (1) If the urethra is not abnormally contracted at any point, the catheter is gently but steadily guided to the prostate. Then, together with the penis, it is depressed between the thighs, so as to cause the catheter's beak to surmount the elevation of the prostate. (2) When a catheter refuses to overcome the obstacle in this manner, it is prevented, possibly, by the angle of its beak being too small. One whose beak has the next larger angle is then used. This process is continued until a catheter selected overcomes the obstacle. In some cases double-curve catheters will be found necessary to attain the desired end.

In exceptional cases the metal prostatic catheters will be required. Their employment is demanded especially when severe spasm is associated with the retention, or when the condition is complicated by local disturbances.

In all cases, the bladder must be emptier *par etappes* (Guyon); *i.e.*, by the same gradual method advised for the relief of retention due to stricture. When the urine is aseptic, boric acid solution will suffice. When the urine is infected, solution of silver nitrate, 1 to 5,000 down to 1 to 2,000 or stronger, must be employed. When the urine is very turbid and putrid, resorcin 1 to 500 down to 1 to 100 often proves serviceable.

Retention due to prostatism may be complicated by a foul bladder produced by (1) cystitis due to decomposing residual urine, (2) infection from without, (3) infection from the upper urinary organs, (4) stone, (5) bleedings from the prostate or the bladder-walls, (6) intravesical growths.

Whenever any complication is present, or when catheterism is difficult, it is advisable to anchor the catheter in place as soon as the emergency is overcome. According to the condition, the mouth of the catheter is plugged as advised in the treatment of retention due to stricture, or the bladder is continuously drained. The drainage by catheter is easiest of accomplishment by attaching a short rubber tube to the mouth of the catheter and resting

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its free end in the bottom of the narrow tube of a Du Chastelet urinal in which a tablet of mercuric bichloride is kept.

In some cases catheterism and drainage may be impossible, because of (*a*) immense prostatic enlargement, (*b*) irritability of the urethra, (*c*) unwillingness of the patient to submit to the necessary procedures, even when painlessly conducted.

Suprapubic puncture (see Retention due to Stricture) may then be employed to overcome the emergency. Frequent repetition of these punctures, when the bladder is infected, cannot be advised.

In any of the above conditions, or when membranous cystitis, stone, a growth, severe bleeding or menacing infection of the upper urinary organs exists, radical operation is required.

According to the condition, the intervention needed may be suprapubic or perineal drainage, galvano-incision of the prostate (Bottini) or complete prostatectomy.

Less frequent, yet occurring often enough to warrant mention here, are the following causes of vesical retention of urine:

9. *A Tight Meatus.*—This, especially in the newborn or in others, when any irritative condition causes the occlusion, may produce retention of urine. Its mere presence can also, by evoking that spasm of the compressor, described by Otis, Sr., some thirty years ago, suffice to prevent extrusion of urine. The condition itself indicates the treatment—prompt meatotomy.

10. *A Tight Prepuce* for the same reasons may provoke spasm of the compressor. Immediate relief is obtained by at least slitting the foreskin, when the emergency is so urgent that there is not time for circumcision.

11. *Phimosis and Paraphimosis.*—Either of these conditions may be the direct cause of retention of urine, as they also may evoke that compressor-spasm which can prevent evacuation of the bladder.

12. *Severe Hyperacute Urethritis,* gonorrheal, chemic or traumatic, may cause such swelling of the mucosa as to render the urethra impassible for urine. Wossidlo concisely disposes of such a sudden, complete retention by advising the use, at first, of narcotics and hot baths: "If these fail, catheterism must be employed. For this purpose a soft, well-sterilized, elastic (Nelaton) catheter is used, after carefully irrigating all that part of the urethra that may be accessible thereto, with a hot solution of potassium permanganate 1 to 4,000 and then anesthetizing the mucosa with cocaine or beta-eucaine."

13. *Foreign Bodies.*—These may occlude the urethra or so rest within the bladder as to obstruct the internal meatus. Such bodies may be produced within (*e.g.,* stone, blood-clots, thick, dense shreds of mucus) or may have been inserted for therapeutic purposes (*e.g.,* broken catheters) or with masturbatory intent. To what extent the last-mentioned psychic aberration may go, is well

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exemplified by some Cretins of the Alps. Among these people are found furious, persistent masturbators, who, when their ordinary means of self-gratification cease to be effective, insert twigs even beyond the compressor into the posterior urethra for the purpose of titillating the colliculus seminalis in order to produce an orgasm.

Occasionally a young female is seen who, in endeavoring to rid herself of the product of conception, tries to insert a catheter or crochet needle or other foreign body into the womb. Through ignorance and maladroitness she forces it into the bladder, where it may fall behind and occlude the internal meatus, beside provoking cystitis.

Even if a foreign body does not prevent urination, or does not produce very troublesome symptoms, its removal is imperatively indicated. When lodged in any part of the urethra, but not very firmly imbedded within its tissues, the foreign body is generally most easily removed with the aid of the urethroscope. When, however, the urethral caliber is too small for the introduction of a serviceable tube, efforts may be made to remove it with a urethral foreign-body forceps, guided by the sense of touch.

When the foreign body is wedged deeply in the posterior urethra and cannot be removed and is small enough to permit being so treated, the retention may be relieved by thrusting the foreign body backward into the bladder by means of a sound aided by a finger in the rectum. Of course, its removal from the bladder must be accomplished as soon thereafter as possible. Occasionally such a stone imbedded in the tissues of the perineal urethra cannot be dislodged by any of the means mentioned. Then it must be removed by perineal section. Guiteras reports such a case, the stone thus removed by him probably being the largest on record as taken from this region.

A foreign body in the bladder requires removal, if small and soft, by the Guyon brisepierre or the Nitze operating cystoscope. If large, litholapaxy, and if too hard for crushing, cystotomy will be required. If for any reason, an emergent retention due to a foreign body cannot be relieved by catheterism, the major operation indicated must be at once performed. It is unnecessary to add that the preceding is not offered as more than a very rough outline of the vast subject of foreign bodies in the urethra and bladder.

14. *Tumors* within the bladder or near it may preclude voiding urine. Ordinarily the emergency may be met by catheterism, or, when most exceptionally this cannot be accomplished, by suprapubic puncture. Naturally, the cause of the retention must be relieved by operative intervention as soon as the patient's condition permits.

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Summary.—(1) When danger to life is not imminent, the domestic methods ordinarily employed may relieve the vesical retention, provided no mechanical obstacle exists. (2) Diuretics, diluents and antispasmodics are of no use in vesical retention of urine. (3) Opiates and general anesthesia are useful only under certain circumstances. (4) Capital surgical intervention may be necessary to cure the basic condition, but the urgent symptoms can, in most instances, be relieved without life-endangering procedures. (5) Even the youngest general practitioner can carry every case of vesical retention of urine to a successful issue. (6) The cause of the retention must in each case be ascertained. (7) Only most exceptionally does a case present which cannot be relieved by minor procedures. (8) No bladder should be suddenly entirely emptied because of the danger of hemorrhage *ex vacuo.*—*Medical News.*

PROPRIETARY THERAPEUTICS.

Horatio C. Wood, Jr., Philadelphia.

Perhaps I should apologize for attempting to say anything new on such a well-worn subject as the expediency of using proprietary drugs. Let my apology be the conviction that the increasing prevalence of the use of these remedies is exceedingly detrimental to the best interests of the medical art.

I wish to consider that class of agents, commonly called nostrums, which are mixtures of several more or less well-known ingredients the use of which threatens to relegate prescription writing to a place among the lost arts. In no way do I refer to definite chemical compounds which may be the property of some manufacturing druggist. While I am by no means certain that the introduction into medicine of these products of chemical ingenuity has been an unmixed blessing, any opposition to them is founded on grounds essentially different from those which form the basis of my protests against the pharmaceutical nostrum, whether parading in its true guise or attempting to hide its real character behind that magic shibboleth, "synthetic."

The great fundamental objection to the use of proprietary mixtures is an objection to all set and unalterable formulæ. Disease offers an ever-shifting picture, never presenting precisely the same problems in any two instances, varying from day to day and perhaps from hour to hour in its morbid manifestations, and unless the treatment be capable of easy modification to suit the changing conditions we cannot hope to accomplish the best results in our warfare against it.

These set formulæ are presumably constructed on the same plan as ready-made clothing which is made from a large number of measurements to fit the average man. As a matter of fact, however, the average man is non-existent and the ready-made suit

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can never fit exactly. Clothing, however, is one of the minor cares of life, and the majority of us, having something more important to think about, are satisfied if it fits approximately well, but when we are dealing in human health, and it may be at times in human life, can we justify our satisfaction with an approximately fitting remedy?

Another objection to these substances is their secret or semi-secret nature. Of those abominations which simply advertise a descriptive title and the assertion that what not "is a specific in all forms of" this or that (you know the type), it seems almost unnecessary to speak. We preach to the laity of the evils of self-medication; but I confess that it does not seem very clear to me why the childlike faith of a sick man in the veracity of a nostrum advertisement in the daily press is any less rational than the child-like faith of the physician in the same sort of an advertisement in a medical journal. Indeed, the employment of these fancy-named specifics is a direct temptation to self-medication. In the show windows of one of those so-called drug stores whose chief business is the sale of soda water and silverware with patent medicines as a side line, recently was exhibited a remedy widely advertised to physicians, flanked on one side by Kilmer's swamp root and on the other by peruna catarrh cure.

A much more elusive and therefore more dangerous evil lurks in that class of mixtures which attempt to cloak their secrecy with a deceptive show of frankness. I think you will grant that the physician is rarely justified in the use of remedies concerning which he has no knowledge, and I maintain that the publication by a drug firm, of whose integritey the physician is absolutely ignorant, of a professed list of ingredients of some mixture is not sufficient knowledge to pardon or to warrant the use of that remedy. In the first place, if the published formula be correct it is not enough to know simply the composition of a mixture, the exact quantities must also be known; there is a vast difference between the effects of one grain and of one hundred grains of opium. Moreover, there is no means of knowing that the formula is a true one, for many of these corporations do not hesitate to pervert the truth. For example, of a widely known anti-rheumatic mixture it was formerly proclaimed in flaming headlines that it contained no salicylic acid, but to-day the manufacturer sells it as a palatable preparation of the salicylate of sodium; another advertised as passiflora tablets has recently been shown to contain a notable amount of acetanilid.

The common defense of the secret nostrum is based on its value as property. As a typical example, I quote from a recent editorial in an evidently subsidized medical journal; the writer says: "The manufacturer who perhaps has spent hundreds and thousands of dollars in perfecting the formula, cannot be expected to

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give gratuitously the product of his time, thought and money." I ask: How have these hundreds and thousands of dollars been spent? Can a pharmacist hire men to be sick that he may experiment on them with varying combinations of drugs? Does he dare insinuate that the medical profession is ready to barter in human suffering for the enrichment of the nostrum vendor? No, the hundreds and thousands of dollars have been spent in suborning medical journals to laud some hit or miss formula thrown out of a drug factory in the form of a pill, sugar coated with deceit and falsehood.

The defenders of these conglomerations hint vaguely at a wonderful augmentation of beneficial powers, the result of some mysterious manipulation, of some supernal pharmaceutical skill which has overturned and transformed the properties of a well-known drug. Are we, as reasonable human beings, expected to believe such twaddle, carrying us back to the dark ages when the black art and fetichism were blood brothers of medicine?

What remarkable pharmaceutical ability does it require to triturate together acetanilid and sodium bicarbonate, and press them into a tablet stamped with a symbolic initial? Can anyone tell me how the addition of potassium bromid and the extract of hyoscyamus makes chloral "the safest hypnotic known"?

That manufacturers often realize the absurdity of such claims is shown by the number of those who manifest a desire to pose as "ethical" by the publishing of a pretended formula, and yet attempt to obscure the real nature of their mixtures by the use of uncommon names for well-known drugs or by including some plant of which the ordinary physician has probably never heard. The inference, of course, in the latter case is that this rare ingredient is possessed of wonderful healing properties that render the peculiar combination beyond the possibility of imitation. Does it seem probable that if this mysterious plant did possess any such virtues as are ascribed to it, it should have flourished for these thousands of years and escaped the notice of generations of practical physicians, of studious scientists and of far-wandering botanists? We must rest assured that any subtance having such remarkable powers would have been known to some member of the medical or pharmaceutical professions, and would have found entrance into that magnificent collection of real medicaments, the United States Pharmacopeia.

Here is an advertisement of a mixture intended for an emmenagogue, which, it is stated, "contains champaca, abromafastuosa, ferrum, ruta, and apiol." To the uninitiated this seems a truly wonderful aggregation of unknown and therefore potent remedies. But let us investigate. Champaca or champac is an oriental tree of the magnolia family, whose greatest claim for immortality rests on the fact that the poet Shelley has introduced

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it into his famous song, "The Indian Serenade." It has been shown, however, to contain a substance closely allied to camphor. The second ingredient, which is printed as one word apparently for the purpose of deception, is evidently the botanical name of a plant. Now the genus *Abroma* was recommended in the treatment of dysmenorrhea as far back as 1873, but it apparently did not possess sufficient activity to deserve a place in practical therapeutics until some enterprising pharmacist thought of using it to disguise a not very remarkable abortifacient emmenagogue mixture. Of the other ingredients, with which all physicians are probably acquainted, all that remains to be said is that rue is well known to possess emmenagogue properties, but it is rarely employed to-day except for the production of criminal abortion. The physician who cannot compose a better emmenagogue mixture had better quit the practice of medicine.

Let me call attention to one other example of this effort to confuse the unwary, the simplicity of which is really laughable. A very extensively advertised drug, hailing like other orthodox fakes from St. Louis, is said to be "a palatable preparation of *Panax schinseng*. Panax is the botanical name for the popular Chinese remedy ginseng, whose therapeutic value is about equivalent to that of licorice root. If you want licorice, order extractum glycyrrhizæ.

No condition exists without cause, and there must be some strong reason for so general a use of these preparations. It is incredible that mere convenience in prescribing can explain such a widespread popularity without some other influence at work.

One great reason for the flourishing condition of this business is to be laid directly at the door of the profession, that is, the ignorance of the action of drugs and of methods of combining them. The subject of therapeutics is all too imperfectly taught in our medical schools, while that of prescription writing is almost completely ignored. If anyone will look over the examinations of various State boards he will find lower marks in prescription writing than in any other subject.

The recent graduate is called on by his first patient, and he has ausculted and percussed the sick man from the tip of the ear to the end of the toe, he has counted the number of corpuscles in the blood, he has taken a sphygmographic tracing of the pulse, he has made a microscopic examination of the sputum and a bacterial culture from the throat, he has tested the urine for acetone and the diazo-reaction, he has determined the percentage of hydrochloric acid in the stomach—all these things have been taught him at his medical school, but no one has thought it necessary to teach him that refinements of diagnosis are but a means to the end of a more successful therapeutics. Perhaps his professor of medicine belonged to the sect of nihilists and taught "leave the patient to

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nature, and you will get an interesting autopsy!" The young physician realizes that his patient does not want an interesting autopsy and that he must at least make a pretence of doing something, and while his eyes are roving round in thought as to what he can order, they fall on a green and purple announcement received in that morning's mail that "Jones' Creotin" gives wonderful results. Feeling his incompetency and yet fearful of displaying his ignorance is it any marvel that he falls an easy victim to the blandishment of the blotter?

But the most potent factor, I believe, has been extremely lavish and often very shrewd advertising. I read recently an illuminating account of the establishment of a well-known nostrum. The story goes that there was an advertising agent some years ago who was being twitted by a friend as to the uselessness of his calling. The specialist in publicity replied, "Why, you can sell anything with proper advertising," and proceeded to mix together some harmless ingredients, gave his concoction a high-sounding name, heralded the mixture broadcast throughout the land as a balm for all human woes, and to-day is retiring from business a millionaire. We need not flatter ourselves that the medical profession is any less easily duped than is the rest of mankind; after all, the physician is human and there is much truth in the oft-quoted saying of the circus manager that "people like to be humbugged."

A well-known physician in an investigation of this subject two or three years ago calculated that $600,000 was expended annually in advertising secret nostrums. I am inclined to believe that his figures are far short of the mark. The interesting question suggested by these figures is, where does the money come from? Those hundreds of thousands of dollars are coming out of your pockets and your patients' lives, and yet the medical profession is blind enough to continue uncomplainingly feeding these jackals that fatten themselves on human suffering.

Of course the owners of secret remedies as of any other commodity have a perfect right to advertise their wares in any magazine that will publish them, and by common consent it is understood that advertisers are not bound by any ties of truth nor even of probability, but a very grave danger threatens in this connection. The advertisers are not satisfied with exploiting their products in the back of the magazine, they clamor for reading notices and demand a censorship of the whole journal in their interest. In this respect, we may recall the old story of the camel who on a cold night poked his nose into the tent of the Arab and besought that he might only warm his nose. Little by little he intruded his body until finally he possessed himself of the tent and the poor Arab slept out in the cold.

Using the value of their advertising patronage as a club to force complaisance, slowly but persistently the nostrum vendors are

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possessing themselves of the medical literature until soon our medical journals will be entirely given up to eulogizing proprietary remedies. I believe I am speaking very conservatively when I say that the reading columns of two-thirds of the medical journals of this country are controlled by the proprietors of various drugs.

Only a week or two ago, the editor and owner of a so-called medical magazine told me that he had sold outright four pages of his reading columns to a certain manufacturing house, that is, he had contracted to allow them to print among the reading matter of his magazine four pages of anything that they pleased. It is not alone the smaller publications of purely local fame which have become entangled in this business, magazines of large circulation and high standing are in the snare of the fowler.

Allow me to relate a personal incident. A short time ago I took an article which contained some unmodified truths concerning certain proprietary disinfectants to the editor of one of the oldest and mostly widely known medical journals published in Philadelphia. Noting the references to the disinfectants, he informed me that it was his unalterable rule never to mention proprietary drugs in the pages of his journal. Thinking that he meant that secret remedies were things that could not be discussed in so substantial a member of medical journalism, I assured him that I had certainly not sung the praises of these remedies and called his attention to one or two paragraphs in the article, which he read over, and then reached for the last number of his journal and said, with a deprecatory smile, "Here is a whole page advertisement of ——; were your article to appear they would withdraw their advertisement immediately; here is half a page of —— advertisement. Doctor, I could not think of publishing your article unless you withdrew all mention of these substances."

If it has come to the point that reputable medical journals are afraid to publish the truth concerning proprietary remedies, it is time to call a halt.

But, after all, this condition of affairs is not to be greatly wondered at. A body of men whose motives are purely mercenary are very likely to develop highly specialized consciences which do not respond to any of the ordinary moral stimuli. We need not be surprised, therefore, if whatever power they possess is used unscrupulously for the advancement of their own interests and for the destruction of any opposition to the growth of this power. The most serious obstacle to the success of such aims is the force of public opinion, for I believe that wherever well informed of the real conditions, the sentiments of the people as a whole will ever be in favor of right and morality.

These men being not only venal but shrewd as well, recognize the necessity of poisoning our sources of information, and exert

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every effort to the debauchery of the medical press. They were even attempting to exploit "The Journal of the American Medical Association," but this slow-moving body has finally roused from its lethargy and the result has been the most hopeful suggestion that has yet been made for the relief of the profession—I refer to the proposed pharmacopeia of unofficial remedies. Both the character of the committee in charge of this work and the preliminary report already published give ground for hope that much good will be accomplished.

But so thoroughly has the work of corruption been done that even erstwhile respectable medical journals have joined the ranks of the sophists who monotonously chant the same refrain: the right of the drug manufacturer to his property. What interest have you or I as physicians in the commercial value of that property? The moral strabismus of the medical press is comprehensible, for into their coffers flows from these ill-gotten gains a constant dribble in the form of advertising patronage, but the obtuseness of the physician who continues to rob himself to enrich the nostrum-monger is of the same class as that which exposes the country bumpkin to the allurements of the shell-game.

[SQUIB—A pithy comment on men or things—Dictionary].

THE SQUIBBER.

Pithy Comments on Things Pharmaceutical.

A. PH. A. MEETING.—The recent meeting of the American Pharmaceutical Association at Atlantic City was a very satisfactory one, all things considered. The attendance was the only disappointing feature, only about half of the thousand members and friends expected being present. The brainy, popular president, Prof. Beal, was half the attraction, and his forceful address furnished a good deal of that for which the association stands most in need—helpful suggestions to stimulate interest in it, to increase its membership, and thus to keep it in vigorous health.

JOINT DEBATE ON PRESERVATIVES BETWEEN PROF. BEAL AND DR. WILEY?—President Beal's championing of the use of preservatives in food, while it astonished some persons, will do more to win an intelligent study and a considerate audience for that side of the question than barrels of literature from persons whose interest in the subject is more than academic. "As a matter of fact," says President Beal, "our laws are exactly upside down on the subject of preservatives. Instead of using the resources of government to hunt down and convict the manufacturer who uses a harmless anti-ferment in proper amount, they should be employed to detect and punish the man who is so careless of the public health as to send his products into the market without such an addition." Dr. Wiley, of the Bureau of Chemistry, and

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Prof. Beal seem to be at opposite ends of the horn of dilemma. Both are men whose views command respect. Does the path of safety and truth lie between their views on the question of preservatives? Would not a joint debate on the subject between these two furnish much instruction on the subject, as well as be a great attraction for the A. Ph. A. convention of 1906, at Indianapolis?

POSSIBILITIES OF THE A. PH. A. BULLETIN AND N. A. R. D. NOTES.—Both the big national associations of druggists have now what many believe to be the entering wedge into pharmaceutical journalism in the form of an adv.-less monthly bulletin. The A. Ph. A. just determined on such a publication at the Atlantic City convention.. "N. A. R. D. Notes" and its capabilities are known to every druggist. It is a powerful, influential organ. What it can command in the way of advertising patronage is shown by its "Pre-Convention" number each year, to which it admits ads., and to which the advertisers fairly beg admission. The field of the "A. Ph. A. Bulletin" is to be very much restricted in the beginning, but with the character of the material that it could undoubtedly command and the able pens (to say nothing of the shining example of the Journal of the American Medical Association) there will always be a sore temptation to try the experiment of conducting a full-fledged journal. How long will each association withstand the pressure?

A TELL-TALE MONUMENT.—An ornate and very instructive monument is shown in the "Ladies' Home Journal" for September. It is that marking the last resting-place of Mrs. Lydia E. Pinkham, who departed this life May 17, 1883. The illustration points an accusing finger at an excerpt from an adv. that appeared only a few weeks ago, setting forth that by reason of being a woman, it was easy for the ailing sisters of Mrs. Pinkham to pour into her ears every detail of their suffering. "No physician in the world has had such a training, or has such an amount of information at hand to assist in the treatment of all kinds of female ills. This, therefore, is the reason why Mrs. Pinkham, in her laboratory at Lynn, Mass., is able to do more for the ailing women of America than the family physician. Any woman, therefore, is responsible for her own suffering who will not take the trouble to write to Mrs. Pinkham for advice."

POISONING BY ORANGEINE.—Dr. J. L. Miller, of Chicago, reports in the Journal A. M. A. a death from orangeine poisoning. The patient had been warned of the danger but persisted in using the powders. Miller calls attention to the danger to the public from having free access to such a remedy, which is advertised as harmless. The public will use it without the careful dosage which a physician would require, if he gave acetanilid. Analyses of orangeine show it to contain a large proportion of acetanilid.

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CHIPS FROM OUR PILE.

The field of the Roentgen rays is getting larger and larger. In the hands of careful and experienced men, thoroly familiar with the technique and the dangers of this agent, they are accomplishing wonders. Tavus, for instance, up to recently an extremely rebellious disease, is now *extremely* easy to cure, one proper exposure frequently sufficing. In chronic eczemas, resistant to all other treatment, we frequently get fine results with the rays. Many cases of goitre have recently been treated by the Roentgen rays with very favorable results.

☆ ☆ ☆

For eczema of the head in children (crusta lactea) there is no better combination than the "red salve" or cinnabar ointment, so popularized by Lassar. It has the following composition: Cinnabar (red mercuric sulphide), 1.0, sublimed sulphur, 24.0, petrolatum, 75.0 (oil of bergamot, 20 drops may be added).

☆ ☆ ☆

Hydriodic acid is not used as much as it should be. In many cases of tertiary syphilis, the syrup of hydriodic acid (Gardner's in particular) is by far preferable to the alkaline iodides. It can be taken in relatively larger doses and for longer periods without inflicting damage on the stomach.

☆ ☆ ☆

The accepted treatment for lupus erythematosus in almost all German clinics is: large doses of quinine internally and painting externally with tincture of iodine. In two clinics they are painting the lesions with eosin (eosin 0.01, aqua destillata, 50.0).

☆ ☆ ☆

For excessive perspiration of the feet Bing recommends the following powder: Salicylic acid, 1 dram, boric acid and tartaric acid, of each 2 drams, zinc oxide and talcum, of each 1 troy ounce.

☆ ☆ ☆

No substitute for human milk has yet been found. It is a question whether an absolute substitute for the mother's breast will ever be found. But there is no question that the nearest and at the present state of our knowledge the best substitute for mother's milk is milk prepared by the aid of Fairchild's peptogenic milk powder. But it must be prepared strictly according to the directions. Failure and dissatisfaction are the fruit of careless and slipshod methods.

☆ ☆ ☆

Prof. Alfred Stengel reports in the J. A. M. A. two additional cases of chronic acetanilid poisoning. For every one case reported there are 1,000 cases non-reported. And the poisoning is generally not with acetanilid, pure and simple, but with some of the disguises, guaranteed "harmless and non-depressous," such as antikamnia, orangeine, phenalgin, Kohler's headache powders, etc. How long, how long?

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MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. OCTOBER 1905. No. 10.

THAT RANKEST OF ALL FAKES—PHENALGIN.

There are degrees in scoundrelism, there are degrees in fraud, there are degrees in fakes. Of all the rank nostrums, of all the acetanilid *mixtures*, which are palmed off on the physician as new discoveries, as definite chemical compounds with properties different from those of acetanilid, phenalgin is the very worst, the very lowest. Not that its composition is worse than that of the other acetalilid mixtures, but its sponsors are; their claims are more brazen and impudent, their disregard of the ethics of the medical profession is more offensive, their contempt for the American Medical Association is more deliberately evident, and their general attitude toward everything that is held in esteem by the rational physician is more insulting, more despicable. When the acetanilid mixtures had been analyzed and the analyses published, by myself and others, most of the manufacturers kept quiet. They knew we were right, that they had nothing to answer, and took their medicine like men. Not so the Phenalgin manufacturers. They began to kick, fume, and foam, send out scurrilous letters, print insulting articles in purchasable journals, make still more brazen claims in their advertisements, and so forth. And it is for this reason that those "gentlemen" deserve a little extra attention.

And so, phenalgin manufacturers, honorable gentlemen all, a few minutes of your attention. Soon after I left for Europe, some eight months ago, when you knew that I was thousands of miles away, you circularized the medical profession with a delectable letter in which, taking me to task, for my analysis of phenalgin, and for my statement that it was a fake mixture, you say: "You have, for instance, at different times, published a *false and misleading* (italics mine) analysis of phenalgin. We know you could

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not have analyzed the drug and honestly published what you have, after your attention was called to your *error*. You are, therefore, either ignorant or malicious." And further you state: "You have characterized phenalgin as a well-known mixture under a fanciful name, when you should know that the *inventor* (italics mine) of phenalgin was the *inventor* of its composition."

So, my dears, What was it I said phenalgin was? A mixture of acetanilid, sodium bicarbonate and ammonium carbonate. And so this was false and misleading? Well, let us see what the official council on Chemistry and Pharmacy of the American Medical Association, consisting of our most eminent chemists and physicians, has to say on the subject. In its official report—which marks an era in American medical ethics, in American pharmacy, in American therapeutics, and will become a great historical document, a magna charta which will at last liberate the physician from the thraldom of the nostrum mongers—published in the Journal of the American Medical Association for June 3 (page 1791), we read:

Phenalgin.—According to the analysis of the contents of the original sealed packages, as purchased, this was found to be a *mixture*, and to contain the following ingredients, approximately in the proportions given:

Acetanilid 57, sodium bicarb. 29, ammonium carb. 10.

Certain packages of phenalgin were purchased which, on analysis, *did not show ammonium carbonate.*

And so this is the *invention* of the great *inventor* of phenalgin? And this great invention which a $3 a week boy prepares by rubbing together acetanilid, sodium bicarbonate and ammonium carbonate, and which costs less than five cents an ounce, you sell at a dollar an ounce. For what? What brains, what ingenuity, what knowledge have you applied? None. For none was necessary.

I thought that the publication of the official report would put a quietus on you. I hardly thought that you would be so stupid, so suicidal, as to insult the entire Council, and thru it the entire American Medical Association, by an accusation of ignorance and venality. But that is just what you have done. In your frantic efforts to keep up the tottering sales of your acetanilid mixture you have doubled your advertising space, and in your latest two-page advertisement you state, among other things: "We believe that commercialism of the rankest kind has dominated this absurd crusade against us." The Council on Chemistry and Pharmacy of the American Medical Association dominated by commercialism! Well, you have made many stupid and malicious statements, but for suicidal asininity this accusation stands foremost. And you further state that physicians will continue to prescribe phenalgin regardless of the reports of *alleged* analytical chemists. Well, well. Prof. Long, Prof. Puckner, Prof. Sadtler, Prof. Stieglitz, Dr. H. W. Wiley, Prof. Gordin, etc., are all *al-*

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leged analytical chemists. Who are the real chemists, then? The $3 a week boys and girls in your laboratory who mix the acetanilid with sod. bicarb. and amm. carb.?

To return to the report of the Council. There is one statement in that report which is of the greatest importance as showing the fakiness of your preparation and the utter unreliability of the nostrums in general. The report states that "certain packages of phenalgin were purchased which on analysis did not show ammonium carbonate." How is that, Messrs. phenalgin mixers? Had the girl forgotten to put it in? Or were you just out of the stuff? Or did you think: Well, it wouldn't matter; the fool doctors will prescribe the stuff anyway? And it is a point which I always insisted upon. The nostrum manufacturers often complain that the analyses of their preparations by different chemists are at variance. When this is the case, the fault is not with the chemists, but with the manufacturers. The preparations are mixed carelessly, and the composition is frequently changed at the whim of the manufacturer. It is not like with true chemicals and true synthetics, where the quantities *must* be mixed in certain definite proportions, or the preparation is ruined. A mixture is lenient, and will bear changes without objecting.

But to conclude. The days of phenalgin are counted. You may double, treble or quintuple your advertising space, you may cause an overflow in the physicians' waste-baskets with your circulars—nothing will be of any avail. A fraud cannot help but melt when brought under the influence of the burning rays of Truth. We have shown that phenalgin is a fake, and it is bound to die. Peace to its ashes.

THE MOST HOPEFUL SIGN OF THE TIMES.

The world is moving and we are making history rapidly. If we had dared to announce publicly five years ago that we hoped in a short time to secure the active aid of the Postoffice Department in the prosecution of the patent medicine frauds, we would have been accused of day dreaming. One trade journal compared our attempt to stop the spread of the nostrum evil to an attempt to sweep back the waves on the Coney Island beach. Well, we build sometimes better than we know, and help arrives sometimes sooner than we expect it. The postoffice department has become our most powerful ally, and it is not only the bare-faced indecent frauds that are being wiped out, but the ordinary nostrum mongers are beginning to quake. A fraud order has recently been issued against the Western Medical Institute, the proprietors of "Nature's Health Restorer." This fraud order has thrown consternation among the ranks of the nostrumists, for Nature's Health Restorer is not a bit worse than the 17,000 other nostrums which flood the market, and the ridiculous exaggerated

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claims made are not a bit more ridiculous or exaggerated than those made for all the others. And we believe that we are at the beginning of the end of the nostrum evil. The time is not far distant when the sale of poisonous patent medicines will be prohibited and when every nostrum of whatever character will have to show its composition on the label. And the manufacturers will not be permitted to claim that simple drugs and chemicals purchasable at every drug store are wonderful discoveries made after a study of a lifetime, or wonderful plants found only in the wilds of Africa and owned only by themselves.

A TRAGI-COMEDY IN A CLERGYMAN'S FAMILY.

The following true story is too good, too instructive to miss. Its truth is vouched for by the editor of the Journal of the American Medical Association. It runs as follows:

A respected clergyman fell ill, and the family physician was called. After examining the patient carefully, the doctor asked for a private interview with the patient's adult son.

"Harry," said the doctor, "do you know what is the matter with your father?"

"No. We sent for you to tell us that."

"Well," the physician said, "I am sorry to tell you that your father undoubtedly is suffering from chronic alcoholism."

"Chronic alcoholism! Why, that's ridiculous! Father never drank a drop of liquor in his life, and we know all there is to know about his habits."

"Well, my boy, it's chronic alcoholism, nevertheless, and at this present moment your father is drunk. How has his health been recently? Has he been taking any medicine?"

"Why, for some time, six months I should say, father has often complained of feeling unusually tired. A few months ago a friend of his recommended 'Peruna' to him, assuring him that it would build him up. Since then he has taken many bottles of it, and I am quite sure that he has taken nothing else."

Yes, the patent medicines are a blessing (or should I say a curse?) in disguise to those hypocrites who want whisky, but have not the courage to drink it in its natural state, to ask for it by its right name. But how many confirmed drunkards and morphinists the patent medicines manufacture annually!

WHAT DOES IT PROVE? IT PROVES—

Do you know of any man, public or private, editor, physician or layman, about whom so many scurrilous letters and anonymous circulars and clippings have been sent out in one year as about the Editor of the CRITIC AND GUIDE? And not only that. Journals are bought or subsidized by the patent-medicine clique for

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the special purpose of attacking the editor. Special editions of fake journals, in which the Editor of the CRITIC AND GUIDE is blackguarded and caricatured, are printed and circulated thruout the length and breadth of our country. What does it all prove? Why should the fakirs go to so much trouble and expense to attack a man who is not their commercial rival, who is not at the head of an organization, who has no backing, no weapon, except his pen? Again, what does it prove? It proves beyond the possibility of cavil, beyond the shadow of a doubt, that that man is hurting them more than any other agency; it proves that the CRITIC AND GUIDE is a tremendous power, which the fakirs fear more than all other aggressive journals combined; it proves that the tone and the methods of the CRITIC AND GUIDE are the right ones *for the purpose aimed;* it proves that every blow of our journal *tells.* And it proves again that the Editor was more right than his timid friends when he decided to adopt an uncompromising attitude towards the malicious frauds and use straight, honest, unminced language. As I have said, I think, once before, some subjects you must handle boldly, fearlessly—even recklessly—or you must leave them alone altogether. We have such conditions in medicine, too, and it is just in such desperate conditions that the bold physician succeeds and the timid one fails.

WHAT FOOLS THERE BE!

The longer you live, the more you learn how infinitely good, how infinitely bad, how infinitely wise, how infinitely foolish some people can be. But, while everybody has a right to be a fool, I believe that some fools decidedly abuse their privilege. Some readers of the CRITIC AND GUIDE have found fault with the Editor why he attacked certain products first and then ceased to attack them. To some who combine foolishness with smallmindedness this even seemed suspicious. What would you want me to do? Write an editorial every month about The Medical Brief, Antikamnia, Warner's safe cure, phenalgin, peruna, Duffy's Malt Whisky, liquozone, the James Alkaloidal Company, Burnham's soluble iodine, etc., etc.? I should have to publish an encyclopedia instead of a 32 to 40 p. journal. And what object would that repetition serve? Why keep on harping on the same string all the time? When there are a thousand and one frauds and humbugs, why keep on hitting all the time only five or six? As I said once before in the CRITIC AND GUIDE, my duty is done when I give one *exposé* of a fraud. If the manufacturer takes his medicine like a man, i. e., tacitly acknowledges that I was right—and right I am every time, for acting without bias, without animosity, I print nothing until I am sure of my ground, as sure at least as I can be: everyone is likely to make an error sometimes, and these I am always willing to acknowledge, tho

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so far I have not yet had to—then I leave him alone and pass to the next humbug. But when the manufacturer becomes obsessed and tries to prove that black is white, that 2 and 2 make 79, begins to kick, bite, hire shyster lawyers, send out anonymous circulars, filthy letters, etc., etc., as some nostrum mixers have done, then I am obliged to recur to the subject again and again until an effectual quietus is put on the militant fakir. And then we proceed to the next. *Verstanden?* And so, my wise and foolish friends, remember that I have not one word to take back of what I have written regarding the various fakes in the past three years. And the CRITIC AND GUIDE will live and fight humbugs and propagate truth long after the present humbugs have been dead and forgotten.

WHO IS NOT WITH US IS AGAINST US.

It is about time that the statement be made loudly, strongly and unequivocally. There may be, there should be, there probably always will be, differences of opinion. But differences of opinion may only be as to ways and means, as to minor points, as to unprovable beliefs; such, for instance, as immortality of the soul. Such differences of opinion are permissible and should be respected. There can, however, be no two opinions as to the essential difference between Truth and Falsehood, Honesty and Dishonesty, Kindness and Cruelty. Even the most depraved *feel that there is a difference.* And it is time that I state loudly, strongly and unequivocally that the enemies of the CRITIC AND GUIDE do not deserve the courtesy which is due an honest opponent. It is time that it be stated unequivocally that the enemies of the CRITIC AND GUIDE are either ignorant fools or dishonest knaves, generally the latter. The CRITIC AND GUIDE stands for everything that is progressive, honest, frank and above board. It fights adulteration in every shape and form, it fights secret medicines, the administration of which it considers both stupid and criminal; it fights the patent-medicine-alcohol and morphine poisoners; it fights bigotry, narrow-mindedness, prejudice and superstition wherever found; it fights corrupt, purchasable journalism; in short, it fights everything mean, everything tending to degrade the professions of medicine and pharmacy. And while relentlessly fighting all shams and humbugs, it is permeated with an inexhaustible well of optimism, with a belief that the world is all right—not quite, but nearly so—and that we are improving from day-to-day, and that it is our duty to do everything in our power to make this world a better place to live in.

Now, is there anything in this program to excite the animosity of honest and liberal-minded men? No, a thousand times, no. There isn't! And the enemies of the CRITIC AND GUIDE are only (1) the frauds and fakirs whom it has exposed and whom it has actually hurt; (2) the frauds and fakirs who are afraid of being

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exposed in the future, and (3) the pitiable fools who, not having read the CRITIC AND GUIDE, believe the lies which the conscienceless frauds are, in their attempt at self-defence, spreading about it.

Those are the enemies of the CRITIC AND GUIDE. No honest man can be an enemy of the most honest and most self-sacrificing of journals.

DR. PHILIP MILLS JONES.

The Swiss letter carrier in his white linen blouse just brought me a batch of letters and journels from *Amerique* with the remark that I receive more mail than all the villagers combined. I see that Dr. Jones, editor of the California State Journal of Medicine, is attacked virulently. Well, I have never had the pleasure of meeting him, but I will state emphatically that Dr. Philip Mills Jones is all right. He has made and is making mistakes, and will probably make some in the future, but he means well and is fighting on the side of Truth, Decency and Honesty. I should prefer to see him more careful in his statements, so that he may not be under the necessity of making retractions quite so often, but to err is human, and, as the CRITIC and GUIDE has it, "It is better to make a mistake in trying to tell the truth than never to tell the truth for fear of making a mistake." No, Dr. Jones is all right. We need many more men like him.

NOTES, THOUGHTS AND IMPRESSIONS.

By the EDITOR.

Travel notes, literary impressions, personal opinions on the burning questions of the day, etc., etc.

DELAYS ARE DANGEROUS.—I arrived in Vienna on July 5 at 10.30 p. m. On the following day I intended to go and see Prof. Nothnagel on a personal matter. But it was a disagreeable, rainy day, the distance from my hotel was a considerable one, and "well, I thought, I will go there to-morrow." But, alas, to-morrow the good Nothnagel was no more among the living. He died "suddenly" on the night of the sixth from arteriosclerosis of the coronary arteries. I put suddenly in quotation marks because, while his death was sudden to the outside world, it was by no means sudden to himself. He knew the true state of affairs, knew that he might be taken off any minute. He had lectured that day, attended to his office practice, returned from a consultation at 10.30 p. m., and soon after the end commenced. He took notes on his condition almost to the last minute.

And so the interview did not take place.

Delays are dangerous.

THOUGHTS ON VISITING THE MINT.—I visited the Paris mint to-day. I had to take an American doctor around to show him the city, and the Paris mint is well worth a visit. And as I watched the blank glistening francs come out with incredible rapidity from the Thonnelier machines—they can strike off two million francs a day—I was *about* to think of the uses to which this money would be put. How much misery will this

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money alleviate, was I about beginning to think, how many people will it save from starvation, how many people will it put on their feet, help to attain useful and honorable careers; and, on the other hand, to how many crimes will this money incite? How many deeds of shame, dishonor, and bestiality will be committed for it? How many souls will sell themselves for it? etc., etc. I say I was beginning to think these thoughts, but then I recollected that our good friend, the sweet erratic singer Heinrich Heine—whose grave, by the way, I visited only two or three days ago—thought the same or similar thoughts on visiting some mint, and I ceased thinking them.

By the way, is it plagiarism to think the same thoughts that somebody else had thought before you?

THE AMERICAN INVASION.—When all alone in a strange country it is so pleasant to meet familiar faces, or even familiar legends. For instance, you are on the green placid lake of Thun, going from Interlaken to Spiez. You don't know a living soul and don't care, your attention being riveted to the panorama before your eyes. All at once the familiar figure of a gentleman on horseback looms up before you—on a sign. And you read the well-known words, "Hunter Baltimore Rye—the Gentleman's Whisky." (By the way, may a gentleman *not* drink any whisky at all, or must he? And must it be Hunter's?) Or again you sit in a little Austrian wayside station waiting for a train. You pick up a German paper, and aren't you glad when, after reading the sad story of Gretchen Schmidt, who committed suicide by drinking a bottle of lysol because her lover, Rudolph Hoffman, shook her, you come across the glad news that your fellow citizen's cascarets—good fellow, Kramer—are sold to the amount of ten million boxes a year, and that they work while you sleep, and that you should refuse all substitutes. Yes, you are glad, and your breast fills with patriotic pride at the enterprise of your countrymen. You almost feel like buying a box the next time you are in need of a cathartic. Again, you ride in a car in a medieval German town, you look up, and there is the old fellow carrying on his back a big cod. You know at once whose emulsion of cod liver oil is advertised. And you come to the Insel Hospital, in Berne, and you find good old tanglefoot fly paper scattered all over to keep away from the patients the dangers and annoyance of the *musca domestica*. Yes, in a strange land even patent medicine advertisements are welcome. They remind you of home. Let us be thankful for the American invasion.

* * *

Do Not Judge a Person's Nationality by the Paper He Reads.

The Café Bauer in Berlin has lost a good deal of its former fame and vogue, but nevertheless it still remains the great rendezvous of foreigners, and when one wants to read the papers he goes there. There they get papers from every country in the world without exception. One evening, when the day's work was over, Dr. M. R., of New York, and the editor were sitting there amusing themselves by noting the different nationalities represented there. We judged principally by the papers the people were reading. There were, of course, Germans there, but not many, then there were—it goes without saying—Americans and Englishmen, Frenchmen, Spaniards, Italians, Brazilians, Bulgarians, Hungarians, Greeks, Bohemians, Croatians, etc., etc. "And there are two Russians," said my companion, pointing to two people in a corner, who were completely hidden by two of the enormously big Russian newspapers. Just then the readers laid down their papers, and lo! they were not two Russians. In fact they were anything but Russians; they were Japanese. I found out afterwards that the Japanese were the most faithful readers of the Russian newspapers. Are they not a wonderful nation? Can you find many Russians reading the Japanese newspapers? And is it any wonder that the heathen, but

intelligent, Jappies have licked the Christian, but ignorant and vodka-soaked Russians, out of their boots?

* * *

The Town of Thun.

The little town of Thun is beautifully situated on the beautiful Aare, a short distance below its efflux from the beautiful lake of Thun. (I notice that I have used the word beautiful three times in one sentence. I can't help it. You cannot avoid the adjective beautiful when speaking of the Swiss lakes and villages). It is an old, old town, and very quaint. I was wandering about in its old churchyard—a favorite pastime of mine, walking about in old cemeteries—glancing at the inscriptions on the gravestones, when the word "PHARMACISTS," on one modest monument, attracted my attention. I copied the inscription which read as follows:

Here rest united in one grave
The Pharmacists,

Franz Vervier, born June 27, 1851.
Franz Schwab, Born March 13, 1851.

Both were killed on Sunday, August 20, 1871, while descending from the Stockhorn Mountain.
Peace to their ashes.

Yes, peace to their ashes. Poor fellows. Barely twenty years old. They had a day off and wanted to exchange the stifling atmosphere of the drug store for the free rejuvenating ozone of the Alps. And they paid with their lives for it. And while reading the inscription I recollected the similar sad fate of a lovely, young bright drug clerk I knew in New York. For four months he was working without taking a day off. For some reason or other he could not leave the store. Finally he went for a few hours to Rockaway—went in bathing and was soon a corpse. Peace to his ashes, too.

I was still imbued with the odor and the atmosphere of the Twelfth Century when I came down from the Thun castle and churchyard into the principal "business" street. Here my feeling suffered a sudden shock and I was very quickly transferred from the Twelfth Century into the Twentieth Century. Right in front of me was a drug store—Apotheke Kocher—and in the window there was a bold sign, and in English, mind you, bearing the well-known legend, Patent medicines at reduced prices! And so our American methods and "price demoralization" have even crossed the Alps, and have infested the sleepy, peaceful little town of Thun. Let our N. A. R. D. take notice of the fact.

* * *

Philippe the Magician.

There recently died in France a charlatan who claimed to possess the divine power to heal the sick and to fortell, and even influence the future. With shame and disgust be it stated that among his patrons were the highest nobility, and even royalty. The imbecile Russian Czar, who believes in saints, devils, spirits, ghosts, table-rappers, sorcerers, etc., having heard of Philippe's wonderful powers invited him to his court. He predicted that the Czarina would have a male heir, and the prediction—how wonderful—came true. He was rewarded royally, liberally, magnificently. The fool should have stopped there. But he wanted more money, more glory. He predicted triumphant Russian victories in Manchuria. But here he counted without the host—the Japs. The Russian "victories" in Manchuria began to come thick and fast, and Philippe was ordered to get out of St. Petersburg within twenty-four hours. He was disgraced, and his high patrons soon left him.

The moral of this story, besides showing the intelligence of the absolute ruler of 130 millions of human beings, is this: It is safest to prophecy about things, the fulfilment of which is to take place say, in about 100 years after the prophecy is made.

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CLIMBING THE ALPS. What a sweet, exquisite pleasure it is to climb the lofty Alps of an early morning when Nature is just throwing off her mantle of sleep, and the sun is sending forth its first messengers to warm and illuminate the earth and its inhabitants! You are alone with your Alpenstock, and you walk so easily and breathe so freely, and feel so happy as if you never had a care or a struggle. You think of nothing except, how beautiful Nature is, and how good it is to be alive and to be able to enjoy it. Two slim, young girls appear on the horizon. They are English. You can see that a mile away. You smile at them. They smile back just as freely, unreservedly. But that mutual smile, Marie, is as pure as the blue sky above, as the crystal brook over yonder, as the newly fallen snow over there on the Jungfrau. It is not the smile that you see on the Friedrichstrasse, in Berlin, or on the Boulevard des Italiens in Paris, or near the Alhambra in London. No. As well compare the pure ozone-laden air of the lofty mountains with the poisoned atmosphere of the city slums. You walk for an hour in the same direction, talk animatedly of the various scenes and places, and then separate probably never to meet again. And, by the way, let me state here this paradox. The glaciers and snow fields are the only places where the Englishmen—and Englishwomen—thaw off. There their icy coat of reserve melts, and they become almost as free and communicative as the most sociable of all races—the French.

THE MAGNIFICENT MONUMENT of Maria Theresia in Vienna, erected in 1888, may be, and justly is, considered among the greatest monuments in the world. It must be seen to be appreciated. It was designed by the celebrated von Zumbusch, who has done so much toward the beautifying of Vienna. There is a Doctor von Zumbusch, dermatologist, who is first assistant in Prof. Riehl's (formerly Kaposi's) clinic. As the name is not a very common one I asked Dr. Zumbusch whether there was any relationship between him and the great designer of the Maria Theresia monument. "Yes, a slight relationship," answered he, "he is my father."

* * *

On the Swiss-French frontier, August 30, 1905. Good-bye, Switzerland, good-bye! I love thy green lakes and blue sky, thy wooded hills and snow-capped mountains, thy fertile valleys and icy glaciers, thy peaceful brooks and savage torrents, thy bracing air and crystal water, thy fleeting clouds and friendly sunshine, thy bell-ringing cows and grunting pigs, thy rosy women and rugged children. I love thy sunrise, thy sunset, thy full moon, thy dark nights. Beautiful, healthy little country, good-bye! Good-bye? No, *au revoir.*

"Combat is never elevating. It never brings us closer to the better things of human existence." So says an editor who does not approve of the war that the CRITIC AND GUIDE is waging against fraud and humbug. So, so. So our war of independence was not elevating and did not bring us closer to the better things of human existence. I wonder if that editor ever studied History; the true history of the human race.

* * * *

Professor Heubner, of Berlin, writes in a recent number of the Therapie der Iegenwart of the life saving value of mustard water packs in many cases of capillary bronchitis. The article is a good one, but—how many years have we been using this procedure in the United States?

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THE SOCIAL EVIL IN UNIVERSITY LIFE: A TALK WITH THE STUDENTS OF THE UNIVERSITY OF PENNSYLVANIA.

By Robert N. Willson, M.D., of Philadelphia.

I congratulate those of you-to-day, who are just entering this old University. Those who have already learned to call her alma mater need no word from me to tell them of the joys and responsibilities of college life. It is because some of us older college boys have learned just what you are to encounter in the four years of city and university experience, that we have called you together for a frank talk on matters that will have a vital influence on your college and after careers.

For myself, I can simply say that I have worked among you as one of your university physicians for over three years, and that I have considered my work a rare privilege and a sacred trust. I a student myself; and I have learned the value, during these thirteen years of college associations, of the opportunity of looking on many of the problems that will soon come before you. Perhaps they mean more to me because I have seen many of them both from the standpoint of the student and later as your confidential medical friend.

One of these problems involves a temptation that meets every man sooner or later, will certainly meet you during your college days, and perhaps has already stood in the path of some. I refer to the temptation to risk your health of mind and body by illicit intercourse with women, whom you would be unwilling and even horrified to consider in the same order of being as your mothers or your future wives. Every large city swarms with such women, nearly all of whose lives are wrecked by marital infidelity before they begin to prey upon the happiness of other homes.

Shall I tell you in another way why you are gathered here to-day? Last spring a country boy came to Philadelphia for the first time. He was induced by friends to visit a house of ill fame. He was infected by the woman with gonorrhea, and, tho at the time none of the ordinary symptoms appeared, in a day or so his eyes began to smart. Another of his so-called friends advised him in all earnest to wash his eyes in his own urine. He did this at once. Gonorrheal inflammation developed, probably had developed before the urine made the infection sure, and to-day that country boy is totally blind and for his lifetime.

In the last three years of my work among the students of this University I have seen you at times and under conditions that have led you to open your hearts to me; whether always thru friendship or necessity it is at present unnecessary for me to inquire. I have seen many of you at times when you would have given worlds had some one told you in advance of the facts which

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I hope to make plain to you to-day. I have listened, more regretfully on each occasion, to the old cry, "Why did not some one tell me in time?" until it seemed impossible that another year should be allowed to slip by without giving those who are coming on the warning of the experience of those who have gone before. I have seen some of you injured physically, and for life, by either the lack of some such frank, clear discussion of the dangers of impure living, or by wilful disregard of advice in the few instances in which it had been offered.

In my capacity as university physician, therefore, and one who holds himself ready to serve you at any time, day or night, I wish to talk briefly but earnestly of two of the almost inevitable results of impure sexual life. I have said that the opportunity of lowering yourselves in the eyes of God and of true men will certainly be presented to you within the nearest future. In a large city this is unfortunately and peculiarly true. Example, fear of ridicule, or curiosity may be the impelling force; and if any one influence has had a dastardly effect upon the lives of young men, ridicule is that one. Whatever or whoever you are we are interested in you, and want you to know to-day and finally that you transgress the laws of pure sexual living at your peril, and perhaps literally, sooner or later, at the cost of your life.

It may be stated with the barest possibility of error that no man who has once had sexual intercourse with a woman not his wife, fails to make a habit of the crime. It is equally certain that no one has ever indulged in such excesses without sooner or later contracting some venereal disease. This is so literally true that such conditions are considered among medical men as inevitable attendants upon impure intercourse with the other sex. Every preventive has been tried and all have failed. On the other hand, let me say to you as a physician voicing the consensus of medical opinion, that there has never existed a man who could not live a healthy, active existence, thruout his whole life, in the absence of any sexual intercourse whatsoever. It is a common story among college students that after a certain age a man requires sexual satisfaction, if he is to preserve vigor of mind and body. Let me characterize this idea as a curse that has done more harm in the home-world than any other influence, and one which, together with ignorance of the inevitable results in the way of venereal infection, has made it unsafe for men and women to drink out of a neighbor's glass, or for men to accept a pipe, or a cigar, or a cigarette, from the fingers of a friend unless they know him thru and thru in a way that few men are known. Nature has provided for man's sexual necessities in a way, with regard to which you do not need to be informed, and that provision is as ample as it is providential. If, in addition, a boy has a wise father, who remembers his own temptations, and takes a judicious and the

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only fair way of strengthening his son against them, by opening his eyes to the danger of transgressing Nature's laws, he is well equipped for growth into noble and healthy manhood. Would that every boy had such a father! Too often the whole subject is treated in open conversation as a necessary and unavoidable evil. We should look upon the man or woman who trifles with the subject of sexual impurity as a criminal either by virtue of ignorance or by intent, and we will even then not reward them as they deserve. We have come to a time when, if the young men of this and other countries do not engage and conquer the social evil, it must be accomplished by the enlightenment of the pure women that still exist; and when your mothers, and your future wives, and your daughters, are warned even against their sons, husbands, and fathers, because they are dangers to humanity, you will begin to regret that you did not lay hold on the cause in time. The trend of the law is in this direction, and by the nature of things it is bound to insist upon it sooner or later. Lincoln is said to have made the remark that "every man who contemplated marriage should stand over the doctor with a club and make him tell the truth in reference to the chosen partner for life. Also that the parents who would allow a girl to marry a man without knowing as clearly as could be known his physical as well as his moral condition, deserved to be scalped." Unfortunately, no one is in a position, as yet, to know these things certainly, and no woman will believe them of her lover. Yet men have married women the day after lying with a common prostitute, and days, and weeks, and months after, syphilis or gonorrhea has appeared in the man, who invariably has been ignorant or cowardly enough to transmit the disease to his wife rather than acknowledge his condition. Many another man has struggled for months toward a cure and has been pronounced well by his physicians, only to infect his wife with his latent disease. Add to this the fact that the average physician is unqualified to treat gonorrhea and syphilis successfully, and should not attempt the task, and you will learn how helpless the victim of such a disease is. In all this great city there is hardly a hospital bed that will admit openly, and as such, a subject of venereal disease. There is a tremendous duty to-day upon physicians and parents to learn and disseminate the truth in regard to sexual sin and my conscience will be clearer when I have spoken to you. Let me talk to you now of two conditions, gonorrhea and syphilis, the two most frequent attendants upon harlotry, and two diseases that are far more contagious and widespread than tuberculosis, which is occupying the attention of the public to-day. At the end of our discussion I trust I may have proved assertions which may seem to you at first both harsh and extreme.

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GONORRHEA.

It may be a significant fact to you that the first student treated by me after my appointment as students' physician, and the last one seen at the close of the session of 1902-3, were suffering from gonorrhea, contracted during illicit intercourse with a woman. Both of these were sons of refined, well-to-do fathers and mothers. Both of them were ignorant of the imminent danger of infection, and both quoted the oft-heard lie, that "a case of gonorrhea is no worse than a bad cold." Both men had been told this lie by other students, who had themselves previously contracted and suffered from the disease. One had repeated attacks before consulting me, and was then in a serious condition. One of these students is apparently well to-day. The former will carry traces of his gonorrhea to his grave and can never be the father of a child. He should certainly never marry, both for this reason, and for fear of infecting his wife.

During the three intervening years between these two cases, a number of students have consulted me each month, and many with the same story of ignorance of danger. All knew, no doubt, but few realized the fact until too late. Some few, through despair of being cured of a chronic condition, had thrown precaution to the winds, and contracted new infection and new trouble. In one instance that came under my care, a woman, herself a medical student at another institution, had infected five men with gonorrhea, and one of them either she or some other had also infected with syphilis. Two of these men were brothers, yet it would appear that none of the five had confided in any of the rest.

It seems strange that it should not be generally known by students that there is little likelihood of a woman, who admits of such attentions, herself escaping venereal infection, no matter what her social status or what her precautions. It is a rule borne out by medical experience, that a woman who will encourage the advances of one man will invariably do the same with others. It it also a frequent experience for a number of men separately to consult a physician, and assure him that the subject of their attentions could not possibly have infected them as she had never had intercourse with any other man, and yet the facts appear clear to the physician that she had infected each and every one. It is safe to say that every harlot (I use this term advisedly, with reference to her of good family connections, for there are such, as well as the common prostitute; they belong in the same category) has at some time been infected with gonorrhea; and if one stops to learn how difficult and rare a thing it is to thoroughly cure a woman of gonorrhea, he will understand also how dangerous it is to trust himself at any time in her subsequent life within her infected presence.

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A few statistics may serve as an illustration, not only of the prevalence of temptation on the streets of a great city, but of the ubiquity of gonorrheal disease in its many forms. It has been well characterized as the most widespread of all contagious diseases, with the single exception of measles. It has been shown that in some of the cities of Europe more than one-half of the entire population, and more than three-quarters of the male population, suffers from gonorrheal infection. Dr. Allen reports from one hospital dispensary in New York City 86,000 cases of all kinds treated in 1900, of which over 3,000 were cases of venereal disease. In 1903 we learn from a commission appointed to study the subject that there are in New York City to-day about 200,000 syphilitic subjects, and probably four times as many (800,000) cases of gonorrhea. To care for these cases and to prevent the spread of infection, there is one bed for every 5,000 cases. This ratio holds good for nearly all the large cities of America. While all prostitutes are considered gonorrheic subjects, it is estimated that every fourth one is qualified to transmit syphilis. In Prussia it is estimated that there are annually 773,00 cases of venereal disease. Still more exact are the following figures: Out of 1,155 patients recently reported as treated at Hot Springs, Arkansas, and coming from all over the United States, it was learned that 818 (70 per cent.) had at the time of examinaion or had had gonorrhea; 337 had never contracted the infection. Most of these patients were from the so-called better classes. The ages at which the gonorrhea was contracted varied from ten to fifty-seven years, averaging 21.8 years. Three hundred and eighty-two cases were below twenty-one years of age, and 58 cases were below seventeen years. Of 60,000 sick soldiers in our army of occupation in the Philippines 10,000 were cases of venereal disease; nearly all of these have since come home, and many remain uncured to-day.

These figures will suffice to show that gonorrhea is so frequent a condition that it literally leaves few homes unscathed, if the truth be fully known. As already stated, the prostitute offers a ready infection to the male urethra in its virgin state, and a still more likely one to a chronically inflamed mucous membrane. Probably she can and does infect as long as she lives, and undoubtedly she does infect many men in one day. Long after she is visibly cured she may be a source of virulent infection. The result is that she may be honest in believing herself free from danger to others, and become the more dangerous in the belief of her cure. Under the most benign circumstances she is a danger, and under the worst she is a scourge. Infected many times, with each new occasion she becomes freshly virulent. The result is that the world is to-day overrun with venereal disease.

Let me ask a few questions that naturally arise; and in their answers endeavor to emphasize the points I wish to bring home to you.

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What is gonorrhea in the male subject? An extremely infectious disease, usually involving some portion or all of the urinary passages from the bladder outward. Any portion of the body may, however, be infected, including the eyes, the skin, the nose, ears, mouth, bowel, and any or all of the internal organs. Its minimum average duration is six weeks. It often lasts for years, and unless promptly and intelligently treated, its effects often remin evident for life. It is a disease for which eminent specialists are constantly seeking some new and effective remedy, which has not yet been found. The question is still under discussion whether either syphilis or gonorrhea is certainly curable. One prominent student of the subject says of the latter: "I have studied and treated gonorrhea for fifteen years, and I feel to-day that I know less about that disease than I thought I did several years ago." Another writes: "A large number of chronic gonorrheas, speaking generally, remain uncured. Some of these may be explained by the indolence and discouragement of the patient, others by want of care or understanding on the part of the physician, others by constant reinfection, and still others from no tangible cause, all gonococci having 'apparently' been eliminated." Still another says: "The importance of gonorrhea with that of syphilis is 100 to 1, not only from the standpoint of the number of persons attacked, but also from the standpoint of the gravity of the lesions and their perpetuity."

Have I said enough to prove to you that gonorrhea is "worse than a bad cold"?

What are its possible complications and their frequency? Among the most frequent of the complications of gonorrhea are stricture of the urinary passages and sometimes even of the bowel, inflammation and destruction of the internal genital apparatus (the testicles and the tubes leading thereto), blindness, bladder and kidney disease, abscess at any point in the body, and joint rheumatism—all frequent conditions. Less frequent are septic blood infection (usually fatal), brain disease, degeneration of the spinal cord, heart disease, bone disease, peritonitis, penumonia, and death. You may ask "Why have we not heard before of the serious features of what we believed to be a temporary inflammation?" I answer "Because every case of gonorrheal infection is concealed more jealously than a crime would be, and, if serious complications follow, the specific origin is denied or withheld by both the victim and his doctor." Last winter an officer of the University showed his interest in one of the students by calling on him in the University Hospital, and was told by the student and by the nurse that the trouble was appendicitis, and was shocked and disgusted later on when he was told that the case was one of gonorrhea.

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A large percentage of cases of chronic gonorrhea leave behind a stricture of the urethra. Nearly all leave an irritable and often a diseased prostate gland, many leave an irritable or diseased bladder. Between 10 and 20 per cent. of all cases of infantile blindness are due to gonorrheal infection. Statistics of the German Empire for 1894 showed that 80 per cent. of all children born with healthy eyes who became blind, did so as the result of transmitted gonorrhea. In that country there are 30,000 cases of blindness to-day due to gonorrhea, and mostly transmitted from other persons. In spite of all the latest knowledge and the newest methods, approximately 600 cases of blindness occur annually in Germany from this one avoidable cause.

In this country from 25 to 50 per cent. of the blind in institutions owe their loss of sight to gonorrheal infection. In one year in New York City 136 cases of gonorrheal ophthalmia were reported.

Inflammation of the epididymis (the tube from the testicle outward) is a very frequent complication, often resulting in absolute sterility, as will be shown later. Gonorrheal rheumatism is also a serious affection, usually occurring in a large joint like the hip or knee, and frequently leaving a permanent disability. The other complications mentioned occur with varying frequency, depending upon the attention paid to the condition by doctor and patient as well as upon the promptness with which the disease yields to treatment. While far less frequent they are even more serious. There is no question that many cases of kidney disease owe their origin to gonorrhea, many resulting years after in fatality. During each year a number of deaths are recorded as directly due to infection by the gonococcus of one of the vital organs of the body. While writing this statement I have before me the records of five fatal cases that have come easily to my notice, three from gonorrheal peritonitis, one from gonorrheal valvular disease of the heart, and one of gonorrheal septicemia, which will be mentioned later.

Can gonorrhea be cured, and can the patient be sure he is cured? To the first question probably "yes," and to the second certainly "no." We have already heard the doubtful statements of eminent students of the disease. Neisser, one of the first authorities in the world on venereal disease, claims that gonorrhea can be cured. Your own professors of surgery, White and Martin, also claim that it can. All admit that very many cases are *not* cured, owing to one reason and another. Every year brings forward new instances of old, supposedly cured infection relighted by disease, debility or debauch. In children, undoubtedly, the prognosis is better than in adults, probably because the disease is taken in hand earlier and more systematically; also because all the tissues in the child tend toward healthy growth. Frank, in Germany,

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has shown, however, that the gonococcus may remain quiescent in the prostate gland for months and years. No symptoms remain, yet the disease may be relighted and others be infected. I have already quoted Van der Poel to the effect that a large number of chronic gonorrheas remain uncured. Köppen cites many cases in which all symptoms had disappeared, and yet the disease remained latent. In regard to one of these he says: "Not one sign was left of a previous gonorrhea." Six years later there was irritation in the urethra, and he obtained gonococci from the urinary canal. In another case none of the germs of gonorrhea had ever been discovered in the discharge, though the clinical picture was complete. Six years later he found gonococci in the urethra. He concludes his article with the statement, "Gonococci can exist for years in the organism, as proved by numberless cases." A case is described in one of our own medical journals, dated September, 1903, in which a man infected his own eye with gonorrhea after six years during which the disease appeared to be cured. At the same time all his joints became involved, as well as the tendon sheaths of one foot. The gonococcus was obtained from the discharge of the eye, proving the real nature of the infection. Our answer to the question, then, must be that under favorable circumstances gonorrhea probably can be cured. No case is cured until all gonococci have disappeared from the urethra. Many doctors either do not know how or do not take the trouble to look for these micro-organisms. Many patients never return for completion of the cure, after the symptoms have become tolerable. Under the best treatment, it should be remembered, success may not be attained. Only time will show whether an actual and permanent cure has been secured. No victim of gonorrhea can be absolutely sure, when the symptoms have disappeared, that he is cured of his infection or that he will not infect his wife years after.

How long after an attack can a man infect a woman with gonorrhea? We have already seen in our answer to the preceding question that years may pass by and a man may still be infectious to a wife. As long as there are active symptoms, transmission of the disease is likely. When these have subsided the danger decreases, but never disappears until the last gonococcus has been destroyed. If gonococci can live six, ten and fifteen years in the organs of the body, as they have been shown to do, probably they can live longer, and to an almost indefinite time. The only inference from the cases cited is that the gonorrheic subject must never be surprised if he finds in after years that his disease has remained latent, and that he has infected some innocent person. The possibility is always before him.

What are the possible and permanent injuries from an attack of gonorrhea? We will at present consider only the male sex. It has already been shown that fatality is occasional. The most

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frequent permanent disability is a chronic gleet or catarrh of the urethra, prostate gland, the bladder, or all three. Such a chronic inflammation of the urethra usually results in stricture of that passage. Stricture causes obstruction to the flow of urine, and as a consequence bladder inflammation often follows, and the disease often spreads from there to the kidney by direct extension. Gonorrheal rheumatism very frequently, we may say nearly always, leaves a crippled joint.

By far the most serious sequela of gonorrhea is sterility, or lack of power to produce progeny. The commission appointed by the American Medical Association estimated that 42 per cent. of all gonorrheic subjects become sterile, and that many more cause sterile marriages after the first childbirth because of the infection and consequent sterility of the wife. Czerny says that "50 per cent. of all sterility is due to the husband's gonorrhea." Morrow says "syphilis curses the child; gonorrhea prevents its existence by rendering the male sterile."

President Roosevelt has recently spoken of the social evil, meaning the wilful sterility of the wedded life. Would that he might cry out from his presidential chair against the dangers of venereal infection and the real cause of sterility of the sons of America.

What are the results of gonorrhea in the woman? Fewer women, by far, are cured of gonorrhea than is the case with man. I shall not speak, however, of the clinical picture in the female sex. It will be sufficient to say that with the woman gonorrhea means almost certainly an infection of her internal organs, and sooner or later a serious operation. Pregnancy increases the danger of upward and general infection. Sometimes there is no serious sign of trouble until the woman becomes pregnant. Nöggerath states that 50 per cent. of sterile women owe their sterility to gonorrhea. Neisser, already quoted, fixes the percentage at a higher figure. Ascher found that of 227 sterile women in his care 121 were sterile owing to gonorrhea. Sänger says that abortion occurs as frequently owing to gonorrhea as it does as the result of syphilis. Nöggerath cites the cases of 53 women, pregnant during a gonorrhea, of whom 19 aborted. Frühingsholtz cites 101 cases, of which 23 aborted, and 7 went into premature labor. Price, of this city, says that of 1,000 abdominal operations in women 95 per cent. were the result of conditions due to gonorrhea. The statistics of the German Empire for 1894 showed that 80 per cent, of the women who died of uterine or ovarian disease died as the result of conditions dependent upon gonorrhea.

Have I convinced you yet that the disease is of more significance than a "bad cold"? If not, let me add a final argument, and if you resist the plea of the children no influence on earth can save you from an experience which you dearly earn.

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Can gonorrhea be transmitted to others than your wife? From what I have already told you, you now know that the vast number of cases of gonorrhea in the woman in married life are instances of innocent infection on her part. We have omitted until now the possibility of infecting others, and by means other than by sexual intercourse. First, and least important, by all odds, you can infect your own eyes, nose, mouth, or bowel, and probably will unless you learn the virulence of the gonorrheal germ. Next you can infect, and usually do infect, the bedclothes, towels, napkins, handkerchiefs, knives, forks, your pipe, and all articles of ordinary and constant use, and sometimes, by means of them, your wife and children, your friends, even, mayhap, your mother. It is the result of nature's protecting laws and not your care that you fail to pass to all who are around you the curse that you have brought upon yourself. Let me prove this to you in all its hideousness of truth. Cook has reported recently a case of a four-year-old daughter of a thirty-five-year-old father, from a refined family. The father contracted gonorrhea in the usual manner, and soon the little girl developed the disease. There was absolutely no other traceable source of the infection. Morrow cites the case of a little girl into whose eye a playmate's finger had been poked. The injured child suffered a typical gonorrheal conjunctivitis, from the discharge of which the gonococci were obtained. Not long ago there was an epidemic of gonorrhea among the children of Posen in Germany. In two weeks 236 children contracted the disease, which was finally traced to the use of the public bath. Some one had infected the pool. In spite of the constant suppression of such cases there are many such reported in the medical journals. I have myself seen in hospital work many cases of gonorrhea in children under five years, sometimes transmitted by accident, sometimes by intention. Only when the law imposes a fine and imprisonment upon him who knowingly infects another person will this crime be blotted out; it may be that a sterner penalty still might be effective (as already suggested) and meted out at the hand of the surgeon's knife. Innocent infection of children occurs usually among those who sleep in bed with their parents or use the same towels or table linen. Night clothes, bed linen, towels, sponges, underclothing, soap, the water closet—if once infected, may retain the germs for weeks and months, and the origin of the infection may, sad to say, never be discovered. On the Scandinavian peninsula every case of venereal infection is reported to the authorities, as it will be some day here. There will then be fewer cases of venereal disease, and fewer innocent victims. I believe, moreover, that in this procedure lies the remedy for marital infidelity, and for sexual sin in all its forms.

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There is another serious phase to the gonorrhea of children. When once infected they also transmit the disease, and oftentimes in the same manner as their fathers, and with equal avidity. Wolbarst, in Nek York City, cites 22 cases occurring in his work during two years, in children between eighteen months and twelve years of age. The usual mode of infection was attempted sexual intercourse. On investigation he found that it was by no means an uncommon thing in this district for children not yet in puberty to indulge in sexual intercourse. He saw three cases of boys, four, ten, and twelve years respectively, infected by girls between ten and twelve years. Many other cases were due to the child sleeping with parents, brothers, sisters, who had gonorrhea. Cotton calls attention to a "string of little girls coming to my clinic suffering from gonorrhea. A week later," he says, "my assistant brought a boy of ten years who had been infecting these little girls." Last year I saw more than one student of this University who would not return home for his holiday, when he heard that he must be careful not to infect himself or his family. I shall never forget the expression of one who said "God! you don't mean that I might give this to my mother."

Boys, forget yourselves! If you owe anything to that mother, sister, perhaps some day a wife, your children, your friends, servants, even the laundry woman—do not risk this disease!

Just a word as to *the mortality of gonorrhea.* This is occasional, though by no means as high as that of syphilis. Only last year there came to my notice the case of a young man, dying from a diffuse abscess and pyemia (blood poisoning) of unknown cause. His life was pledged to a lovely girl, who nursed him on the edge of his grave. Both were of our nation's best blood. Cultures from the pus of his abscess and from his blood showed colonies of the gonococcus, and a history of an almost forgotten attack of gonorrhea was obtained. It is almost too horrible to think of the crime of the future had he lived to marry the woman who was nursing him in an ignorance of the cause of their double sorrow as complete as his own.

Such a tragedy is being enacted certainly many times every year in this wide world, and bids fair to become an even more frequent occurrence. I have mentioned four other deaths to you. The aggregate of deaths from the sequelæ and complications of gonorrhea amounts to no small total, and must soon attract the attention of those who have heretofore looked on the disease as a passing ailment.

Have I made plain to you that as the result of one rash act *your wife* may be a lifelong victim, may be deprived of the power of conception, may lose her life by an operation or by infection; *your child* may lose its chance of birth, may, if born, be deprived of sight, or hearing, may, if a male, suffer consequences equal to

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your own; if a female, suffer like the mother; *yourself* may never be cured, may infect those who are dearest to you, may lose your own life and those of others.

Let us now for a brief moment consider syphilis.

SYPHILIS.

Probably far less need be said to you about this disease, as its name is known to most of you, and few speak of it lightly. When you learn that many of those who surround you in your daily life are virulent with this disease, and that changeling children are born into our best families as the result of it, and that prostitution is likely to fix the unyielding grasp of syphilis upon you, it may act as a persuasive to keep you true to your ideals.

What is syphils? It is an infectious disease of the whole system, usually making itself first known by means of what is called a chancre, or initial sore. This is followed usually by a general skin eruption, swelling of the glands, falling of the hair on all parts of the body, and later on by serious disease of the blood vessels and internal organs. It is usually contracted during sexual intercourse; in the case of men, usually in prostitution; in the case of women very frequently in an innocent manner and in wedlock. It involves a course of treatment of at least three years, and sometimes resists all treatment. It is found in the highest and lowest classes of society.

How prevalent is the disease? Fournier state that one seventh of the population of Paris is syphilitic, while in Russia whole towns have been decimated by the disease. The victims in the latter country are mainly women and children, and many cases are due to the kissing of sacred images and to the embraces of syphilitic acquaintances. In certain of the European countries 25 per cent. of the population of some of the villages is syphilitic, in most instances due to innocent infection, prostitution being almost unknown. China and Japan are overrun with syphilis. It has been estimated (Dictionary of Statistics, Mulhall) from the cases in the military hospitals in Europe that between 7 and 43 per cent. of the entire soldiery is infected. The average national percentage was found to be 14 per cent. The report of the American Dermatological Society finds that 11.5 per cent. of all skin diseases are syphilitic. And in our own country again. Out of 1,485 cases of all kinds treated and questioned at Hot Springs, Arkansas, in 1901, 831 had had syphilis. Gihon estimates that there are 2,000,000 cases of the disease constantly in the United States.

Sänger has shown that nearly one-half of all the prostitutes in New York City freely admit that they have had syphilis, and half of these gave birth to syphilitic children. And as a gloomy shroud for all of these figures, Morrow finds that 70 per cent. of the

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syphilis in the women of New York City is the result of conjugal infidelity.

Can syphilis be cured? This is a far more difficult question to answer than that with regard to gonorrhea. My personal belief is that it usually can, if well treated and in time. A cure, under the most favorable circumstances, requires at least three years of constant medication. Many cases require a longer time. Some prominent syphilogolists declare that the disease is incurable. Certain cases are absolutely incurable. Among these may be cited one reported recently by Schamberg, which was under treatment without success for eight years, and two malignant cases reported by Fournier in 1899. The general prognosis of syphilis is probably a good one. The constant danger that the treatment has not been radical or thorough enough always threatens, however, and is well expressed by Osler when he speaks of "the extraordinary frequency of the cerebral and other complications in persons who have had the disease, and who may even have undergone thorough treatment." Howard has reported a case seemingly cured and relighted, after a year of quiescence, by influenza. Many other cases appear to be free from symptoms for a time, and then die of insanity, softening of the brain, locomotor ataxia, or some other nervous disease.

How long after infection can the disease be transmitted to others? During the entire period of what are called the primary and secondary stages. The latter, if the disease has been thoroughly and conscientiously treated, is usually confined to the first few years following the infection. Only in exceedingly rare instances has infection taken place after the fifth or sixth year. Such cases do, however, occur. Sack reported last year the case of a man on whose person appeared an ulcer (gummatous) ten years after the original infection, and infected his young wife, who displayed typical symptoms of a new syphilitic infection. Six months later she also had a miscarriage. Herscher reports a case of contagion from a husband who unquestionably contracted the disease thirteen years previously. Kopelinski has reported two cases of inherited syphilis infecting previously healthy individuals, in both instances a grandmother (an almost unheard-of thing).

What are the effects of syphilitic infection upon the man? Perhaps the most serious is the fact that he becomes at once a source of danger to his family, friends, and society in general. This begets the next most serious influence, which is the mental condition. Fournier cites 18 cases of suicide in young syphilitics. We have already sketched the course of the disease itself, and need not repeat the symptoms here. Probably the most serious physical damage is done the blood vessels and kidneys. Many a case of apoplexy and aenurism is directly due to syphilitic change in the arteries of the brain or elsewhere. Many cases of insanity

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are also due to this disease. At present there is an attempt to prove what many authorities believe to be true, that locomotor ataxia is purely and simply a syphilitic picture. Many cases of syphilis become and remain completely bald, with no eyebrows, and no facial hair. Some few severe cases lose all the bony features of the face, the nose and roof of the mouth undergoing complete necrosis (bony gangrene). Many have a persistent skin eruption. Those who inherit syphilis are usually marked for life, and die at an early age. Tuberculosis frequently accompanies or follows syphilis, like the driver of a hearse.

What are the effects of syphilis upon the offspring? These are ical effects are the same as those in the man. If she bears children during the course of the disease they are likely to be syphilitis and otherwise defective. Even more likely will they be stillborn, or abortion take place. There is no other cause of abortion that compares with the vicious influence of this disease.

A syphilitic woman is likely to infect many more persons than is a man. If a prostitute, she probably infects most of those with whom she has intercourse. Even in everyday life a syphilitic woman is a source of great danger. Woman's habit of indiscriminate kissing is the most prolific source of transmission next to sexual congress, and especially in this country, where men confine their embraces to their intimates only and to the female sex, unless it be in the case of children. A woman's embraces are much more promiscuous, and she proves much the more active in spreading the disease.

What are the effects of syphilis upon the offspring? These are two, and both are serious in the extreme. First, a tremendous percentage of the children born of syphilitic parentage are deficient mentally and physically. Secondly, between 20 and 40 per cent. of all conceptions by a syphilitic woman result in either abortion, stillbirth, or premature labor. Even if born with a competent mind, the child who has inherited syphilis is cursed as Job was not. It is likely to die before it reaches puberty, and is generally marked so as to be an object of pity throughout its life to itself as well as to those who know the cause.

How can syphilis be transmitted? By contact with a syphilitic sore during the primary and secondary stages of the disease, also with the blood, with the saliva, or any fluid that may carry with it the discharges from a mucous patch or other syphilitic lesion, etc. Usually the infection is transmitted during sexual intercourse, though extragenital and innocent infections are now recognized to be very frequent, as by means of knives, forks, spoons, drinking glasses, pipes, cigars, etc. Kissing, as has already been stated, is one of the most frequent methods of contagion. There is danger in any abraded surface upon the body when in com-

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pany with a syphilitic in the infectious stages of the disease. A mother may infect a baby, a baby may infect a nurse, the father may infect the whole family. Weitlander has reported within the last three weeks two instances of infection of entire families, in each case by a small child, known to be syphilitic, who was taken in to board. The infection undoubtedly took place by means of spoons, dishes, etc. If any warning given at this time will take root in the minds of those who are unfortunate enough to have contracted the disease innocently, and to have extragenital sores upon their body, it must be this, that such cases are the most dangerous to mankind. The very irony of this fact makes it the more pitiful, and the crime of the original infection is greater. I do not think I need emphasize the burden of the cry of the infected one, who would warn each of you from the possibility of becoming a danger to your family, your doctor, and all around you.

What is the mortality of syphilis? In England in the period 1880-90 1,742 males over five years of age died from the disease. Whole towns have been decimated in Russia. Last year in Philadelphia there were 37 deaths registered as due directly to syphilis. If we add the many deaths due to apoplexy directly dependent upon syphilic arteries, or to other more obscure syphilitic conditions, the total would in all likelihood be an appalling one. It is sufficient to say that there is a decided mortality as the direct result of the disease and its complications that cannot be overlooked. The secondary mortality has recently been brought home in a most impressive way by Fournier, a French physician, already quoted, who has collected 18 cases of suicide directly or indirectly dependent upon the knowledge of the patient that he had syphilis.

Let us now gather together the lines of our talk. I have told you many of the consequences of gonorrheal disease. Other venereal infections I have entirely passed by. May I now fairly ask for your decision in regard to certain questions which I put to you earlier in the day? Is prostitution worth while? Is it safe? Do you dare to run the risk? Have I said enough to sufficiently warn without rendering you callous through overtalking? If so, I shall welcome the day when your Provost asked me to work among you as student's physician. There are those who make light of the social crime; and you now know why I shudder when I hear them trifle about a subject the gravity of which they know nothing. I have recently read a book by one of the prominent literary women of the day, as full of vile insinuation, and as wicked in its flagrant discussion of man's and women's infidelity as if she had never heard of a wrecked home or life. The story itself was of a social crime, and was read with avidity by the unthinking public. Perhaps you have all read it.

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This very summer there appeared a book, which I found on my library table, loaned by a "friend" to my wife. Its central figures were separated by the crime of the age, and, tho lovers indeed, could not marry. There were three other marriages prominently introduced into the story, and two of these were blighted by infidelity of one or the other party. I read this book because the author—this time a man—had written other books of surpassing beauty and brilliancy of thought and theme. If such books influence others as they do me their authors must shoulder the responsibility for many a mental and moral downward plunge, and only after an effort a struggle upward. God forgive anyone, I say, who dares urge a man, and, above all, a young unmarried man, to trifle with the purity of sexual relations as these writers have presumed to do.—*Medical News.*

Letters to the Editor.

Divulsion and Electrolysis.

Dear Sir: An article by Dr. F. S. Watson appears in your June number with your commendation, but his experience with electricity is so opposite to that of others that I feel compelled to protest against his summing up. In section 5 he says: "Divulsion and electrolysis are not to be commended." If there is any one thing that can be done with electricity it is the absorption of scar tissue, and I have yet to meet the man who has learned to use this agent, and has used it for this purpose, who can agree with Dr. Watson. It would seem from facts well known to those who have used the negative pole of the direct current that the only explanation of this condemnation of so valuable a method of treatment must be that Dr. Watson has failed to use the current properly or has not had proper electrodes. In my own practice strictures of the urethra and of the nasal duct have been more satisfactorily treated by electricity than by any other means.

Very truly yours,

Bakersfield, Calif. W. S. FOWLER, M. D.

* * * *

October 13, 1905.

Dear Dr. Robinson:—The enclosed was received in this morning's mail, and I take the liberty of sending it to you, knowing your interest in these proprietary medicines. From the odor I should say it contained paregoric. Is there not a law to prevent these samples being sent thru the mail to be used on indefensible babies? I am a great admirer of the work you are doing thru the CRITIC AND GUIDE, and usually read it from cover to cover. I congratulate you on the good company you are keeping, *i.e.*, Journal of the Am. Medical Association, Collier's Weekly, and the Ladies Home Journal. Are there any others? With best wishes for you in your undertaking, and the greatest admiration for your spirit, I am, Yours very truly, W. H. Grant, M.D., 845 Boylston St., Boston.

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[The preparation referred to by Dr. Grant is "Kopp's Baby's Friend, the King of Baby Soothers." It is a shame that people should be permitted to dose little babies with poisonous narcotic preparations. We trust that the time is not far distant when every preparation containing a poison will have to be labeled accordingly, as is now demanded by the law in England. The English label on Mrs. Winslow's soothing syrup, for instance, states plainly that the preparation contains morphine; there is no such intimation on the American label. Yes, the CRITIC AND GUIDE is in good company now, but it is well to remember that there was a time when it was absolutely alone in the field. The little CRITIC AND GUIDE was the pioneer that blazed the way, that stirred up the public conscience.]

Dear Dr. Robinson: There are diamonds in the mud, jewels in the depth of the sea, and what do you suppose I found in my waste paper basket? A copy of the CRITIC AND GUIDE. I throw most medical journals in the basket because they are getting so venal, and I read nothing but the books in my library. It was by a mere accident that I rescued this CRITIC AND GUIDE, and I have concluded to take a dose of it, so enclose check. N. W. Kennedy, M.D., Willitis, Cal.

Dear Dr. Robinson: Well, you did not disappoint our expectations. You did handle the fakirs beautifully. Long life and undiminished success to the brave CRITIC AND GUIDE. Dr. S., Chicago.

P. S.—The September issue should be read by every physician in the United States and Canada.

* * * *

The Oldest Pharmacy in the World.

Dear Dr. Robinson: Seeing in your CRITIC AND GUIDE of this month (September) on page 275 a remark on the "The Oldest Pharmacy in the World," I think I can tell you of a still older pharmacy. There was as early as 1241 an apothecary store in Germany. See Vol. 1, page 74 of the German work "Aus Pharmaz. Vorzeit," by Hermann Peters. You might rectify your statement in the next issue. Yours very truly, Gustave Wolff, Phar. D., 321 Tenth Avenue.

[Dear Dr. Wolff: Before asking anybody to correct a statement shouldn't we make *sure* that we are right? Did we state that the Rathous Pharmacy in Bern was the first established drug store in the world? We stated that in our opinion it was the oldest established drug store *in existence*. Of course there were drug stores before 1441. There were herb stores in ancient Egypt. What we want is a pharmacy established before 1441 and still in existence, in the same house if possible.]

BOOK NOTICES.

A Manual of Materia Medica and Pharmacognosy. By Lucius E. Sayre, B. S. Ph.M., Professor of Materia Medica and Pharmacy in the University of Kansas (337 illustrations. P. Blakiston's Son & Co., Philadelphia, 1905. Price, $5). A most excellent text book on the subject of Materia Medica and Pharmacognosy. The illustrations are superior to those in most other text books on the subject, being very true to nature. The chapter on organic cheimcals has been enriched by the addition of a large number of modern synthetics. Of course, the book is made to conform to the latest revision of the U. S. P., and should be in every pharmacist's library.

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227.—Aq. Hydrogenii Dioxidi..... ℥iv
Ac. Carbolici..... ♏ij
Aquæ..... ℥iv

Peroxide of hydrogen is incompatible with carbolic acid; the former is reduced to water, while the carbolic acid is oxidized to pyrocatechin and hydroquinone. The reaction will be seen from the following equation:

$$\underset{\text{Carbolic Acid.}}{2C_6H_5OH} + \underset{\text{Hydrogen Dioxide}}{2H_2O_2} = \underset{\text{Pyrocatechin}}{C_6H_4(OH)_2} + \underset{\text{Hydroquinone}}{C_6H_6O_2} + \underset{\text{Water}}{2H_2O}$$

Pyrocatechin and hydroquinone are both antiseptics.

228.—Hydrogenii Peroxidi..... ℥iij
Ac. Carbolici..... ℥j
Glycerini..... ℥j
Aquæ..... ℥iv

In this prescription there is, aside from the carbolic acid, which is incompatible with the peroxide, another incompatibility in the glycerin. Hydrogen dioxide and glycerin are incompatible. Nothing dangerous being formed, the pharmacist will continue to dispense the combination without any hesitancy, but it is to the physician's benefit to know that in such combinations he has no peroxide left, it being reduced to water. Hydrogen peroxide is one of those substances that like to be left alone; if we want its virtues unimpaired, it should be prescribed by itself, pure or diluted with distilled water. There are very few substances, especially of organic origin, that do not decompose it. In contact with glycerin the peroxide is reduced to water; while the glycerin is oxidized to oxalic, tartaric, and alpha-beta-dioxy-propionic or glyceric acids. This chemical reaction may be represented by the following equation:

$$\underset{\text{Glycerin}}{2C_3H_5(OH)_3} + \underset{\text{Hydrogen Dioxide}}{10H_2O_2} = \underset{\text{Tartaric Acid.}}{H_2C_4H_4O_6} + \underset{\text{Oxalic Acid.}}{H_2C_2O_4} + \underset{\text{Glyceric Acid.}}{C_3H_6O_4} + \underset{\text{Water.}}{15H_2O}$$

229.—Strychn. Sulph..... grn. i
Quinin. Sulph..... ʒi
Ac. Sulph. Dil..... q. s.
Mixt. Bashami..... ℥iv

If we shake the quinine with a small quantity of water, add just enough diluted sulphuric acid to dissolve it, and then add the Basham's mixture, a thick voluminous precipitate is formed. Depending upon the quantity of the quinine, so thick a precipitate may be formed as to make pouring from the bottle difficult. By leaving out the sulphuric acid and rubbing up the quinine with

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the Basham's mixture, a fairly presentable "shake mixture" may be produced. In one store where the above prescription was repeatedly made up, it was regularly dispensed as a clear solution. The circumstances of the case proved to be as follows: The druggist used an excessive amount of sulphuric acid; this decomposed the ferric acetate, producing ferric sulphate and acetic acid; and the acetic acid causes no precipitate with a solution of quinine salt. The acetates do. This is a point well worth remembering. We come across many instances where the acid causes no reaction, while the corresponding salt does. For instance: add acetic acid to tincture of ferric chloride. No reaction takes place; add solution of ammonium acetate, however, and you get at once the red color of ferric acetate. Phosphoric acid with silver nitrate gives no reaction; sodium phosphate, however, gives a yellow precipitate of silver phosphate. Many similar instances could be mentioned.

230.—Kali Iodati..... 0. 6

In chartul No. I. Mitte tales doses No. xxx.

The point to remember about this prescription is not to powder the potassium iodide; when in the crystaline form, the salt is but slowly deliquescent, but becomes rapidly so when powdered. As potassium idodide occurs in crystals of various sizes, and it is not easy to divide them by the eye in portions of 6 decigrammes each, the only way is to weigh out 30 times 6 decigrammes. This is the method pursued in continental Europe for making all kinds of powders; the ingredients for each powder are weighed out separately. Even for Seidlitz powders our well-known little measure is not used, but the ingredients weighed separately for each powder. The powders should, of course, be dispensed in wax paper; or, still better, in double papers. The physician who ordered the above, an unusually intelligent prescriber, would invariably prescribe potassium iodide in that form. When asked why he did not prescribe it in solution and order a teaspoon of the solution in a glass of water, he gave the following explanation, which I have since found to possess a good deal of truth: If prescribed in solution, the patient is often too lazy to get a glass of water, and just takes down the teaspoonful of the medicine as it is; and this is bad, because KI in concentrated solution is irritating to the stomach. If prescribed in the solid form, the patient *must* dissolve it in water.

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[SQUIB—A pithy comment on men or things—Dictionary].

THE SQUIBBER.

Pithy Comments on Things Pharmaceutical.

DID THE "NATIONAL STANDARD" STEAL A MARCH ON THE "U. S. DISPENSATORY"?—Now that the new Pharmacopœia is on the market, we await with expectancy new editions of the Dispensatories—and thereby hangs a tale. Lea Bros. & Co. recently advertised "The National Standard Dispensatory" to be ready Sept. 1, the authors being Dr. Hobart A. Hare, Prof. Chas. Caspari, Jr., and Dr. Henry H. Rusby. No display advs. of the "U. S. Dispensatory" have yet come under The Squibber's notice. The same advertising end, however, may have been served by the published interviews with the genial and business-like chairman of the revision committee of the U. S. P., Prof. Joseph P. Remington, who, with Dr. H. C. Wood and Dr. Samuel P. Sadtler, also edits the U. S. Dispensatory. Prof. Remington has not failed to impress upon his interviewers the goodly and important things that are to appear in the U. S. D., to be issued about Dec. 1. Now, it has been heralded that the Board of Trustees of the U. S. Pharmacopœial Convention passed a resolution about a year ago requiring all publishers who made use of the Pharmacopœial text to wait ninety days *after the Pharmacopoeia becomes official* before distributing their books. If that be so, how can Lea Bros. make good their adv. to supply the "National Dispensatory" during September? Well, Dame Rumor has it that the resolution referred to originally read or was understood to mean ninety days *after the Pharmacopoeia is published.* As the U. S. P. was published in June, this reading would make the September publication O. K. But the U. S. D. couldn't be gotten ready before December, and so the resolution has been resurrected, Dame Rumor avers, in a form calculated to hold back the rival Dispensatory also. The question is: Did Lea and his forces steal a march on the "United States" forces, or did he only checkmate their strategy?

NEWSPAPER ENLIGHTENMENT ON THE NEW U. S. P.—A recent newspaper criticism of the Pharmacopoeia begat confidence at the outset by crediting the authorship of that volume to the "Naional body of American Pharmacists." As a further proof of the astuteness (or was it vindictiveness?) of the writer of the criticism, it was recited that "it had been found upon investigation that drugs were too pure, and that the retail druggists in the future would be allowed to adulterate their drugs to a certain extent," instancing the following: "Thus a little flour or other light white foreign substance will be placed in quinine, that the purchaser may receive the same weight of goods in bulk, but a smaller amount of goods than he has been accustomed to purchase for the same price." Prof. La Wall, of the Philadelphia C. P., observed

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of this blundering critic that "it would be more in acordance with the facts to state that the editors of the daily papers have agreed that the truth is too strong for the public and that all facts must be adulterated with a certain proportion of fiction to make them more sensational."

A HOT-AIR COMBAT is on between the purveyors of Liquozone and the maker of Hydrozone and Glycozone. It has been shown that Liquozone is simply a weak solution of sulphurous acid gas, its use has been condemned as dangerous, and its vaunted cure-all properties pronounced a snare and a delusion. To these statements an unusual publicity has been given, particularly in circular letters. This publicity the manufacturers of the sulphurous-acid-gas solution trace to the maker of the other two "zones" before mentioned, which are rival products. The Liquozone people charge that the recently organized National Anti-Adulteration League was paid by the proprietor of Hydrozone and Glycozone to attack their product, and it is certainly a fact that the League has shown great assiduity in publishing statements derogatory to Liquozone. It is charged that the invective of the League is thus offered for sale, and that the manufacturer who will pay the price can have his competitors denounced and his own products made the subject of "public endorsement" by the League. It remains for the League to clear its skirts of this charge. Howsomever, may no mistaken peacemaker step in till the "zones" have had a chance to blow up each other's pretensions with hot air!

WHAT UNCLE SAM'S FIGHTERS GET.—Food Commissioner Warren, of the Keystone State, still keeps things in his commonwealth fermenting. He recently took the trouble to investigate the supplies being furnished the men of Uncle Sam's stout ships at League Island, and found the stuff called butter to be oleomargarine colored with coal-tar pigment. Commission merchants with the golden product of the dairy were underbidden by the dealers with the slaughter-house product. Now, ain't Warren a pestiferous disturber of organized industry and the existing order of things?

So THERE ARE FAKES IN PROPRIETARY MEDICINES!—J. A. Patten, of the Chattanooga Medical Co., made a lengthy defense of proprietary medicines before the recent convention of the Tennessee Phar. Assoc., and an adv.-hungry press gave considerable space to his remarks. Mr. Patten generously admitted that there are fakes in medicine (?) as in every other line of trade. He said that his defense did not refer "to the 'fake' concoction of cocaine" (if he'd only been more specific!) "or to 'booze' put up in the form of bona-fide remedies." (It is not recorded that he here turned and faced in the direction of Columbus, O., with a disapprovingly significant look!) He asked some questions, though, that make those of the Indiana Board of Pharmacy look very simple, indeed. For instance: "Is it not true that the leading pro-

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prietary medicines are of known therapeutic value?" "Are they not prepared in laboratories of the highest grade, under the care of skilled pharmacists?" "Are they not made from approved formulas, which in many instances have been the special pride of some successful physician or pharmacist?" "Are not the millions of people who use them satisfied?"—Ain't they posers?

SELLING PERUNA=LIQUOR SELLING?—Druggists and others who sell nostrums that are little else than disguised alcoholic beverages are in a fair way to be made to take out national, state, and, perhaps, local liquor licenses for the privilege. A recent ruling of the commissioner of internal revenue reads that manufacturers of such preparations shall be compelled to take out licenses as distillers and liquor dealers, and the sellers licenses as retail liquor dealers. There is nothing very disquieting in this, the druggist may think, as but a few druggists have not taken out government liquor licenses. Aye, but read further. What if the state governments take cognizance of Commissioner Yerkes' ruling—as, indeed, New York has already done. Some Syracuse druggists have had suit brought against them by the New York State commissioners for the forfeiture of their $500 bond on the ground that they sold Peruna without a prescription—their $7.50 state license allowing them to sell liquor by prescription only. The Peruna firm will, of course, make a long-drawn-out legal fight—but isn't the suit a happy sign of the times? Why shouldn't the liquors masquerading as medicines be made to yield as much revenue as the straight out-and-out spirits?

THE N. A. R. D.—WHAT SIDE IS THIS GREAT ARMY TO TAKE?—The recent convention of the National Association of Retail Druggists at Boston was, in point of the number in attendance, the greatest convention of retail druggists ever held in this country. There were 800 or so druggists there, besides 600 odd of their friends, fair and otherwise. But the convention was great in many respects. It was a great object lesson in the power of the organized mass. Big manufacturers who would pay small heed to the opinions of the small, individual retailer, were there to give respectful attention to the wishes of 25,000 of him combined. It was greatest, however, in its indication of the tremendous influence that this association is to wield in the future—not only in the drug and medical circles of this country, but on the country itself. Is this influence to be lent to bolstering up the tottering structure of the proprietary secret nostrum business? Is this great army of retailers to rally round that forbidding structure, with its mercenary defenders, to protect it from the assaults of the enlightened, the public-spirited, the progressive? Or, is it to be the great army that, first organized only to demand fair treatment from the tyrants that rule the structure, shall constitute the reinforcements whose timely arrival and aid shall be the means of sending its battered walls crashing to a heap of ruins?

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MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials, He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. NOVEMBER 1905. No. 11.

All communications should be sent to our new address: 12 Mt Morris Park West, New York City.

THE MUSCULO-TONIC ACTION OF FORMIC ACID.

It is an overtrite saying that there is nothing new under the sun, and excepting the modern synthetics, there are very few remedies in our possession that were not used in one form or another hundreds and thousands of years ago. As an external application it was used in the form of the well-known spiritus formicarum or oleum formicarum. In both these preparations the formic acid was obtained by macerating ants (ant-formica). There was also a preparation for internal use with the fanciful name electuarium magnanimitatis and which was prepared by macerating ants in alcohol, water and spirit of cinnamon. The ant preparations came into disuse, except in German-speaking neighborhoods where *Ameisen-spiritus* is still occasionally in demand. To Garrigue, Clément and Huchard belongs the credit of having brought formic acid to the notice of the profession. In a paper by Clément presented to the Academy of Medicine of Paris by Huchard, the musculo-tonic action of the remedy was dwelt upon, and the latter author now reports (International Clinics) independent experiments, which corroborate the statements of Clément. According to Clément—who in our opinion is a little too enthusiastic, as discoverers of new remedies or rediscoverers of old ones are so apt to be—a person taking formic acid soon feels stronger, more vigorous and more active; he is not afraid of sport or work, he is free from any tired feeling on awakening, he is better able

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to withstand heat or cold. He makes the startling statement that a normal person, with a normal diet, performing normal work, will not experience any feeling of fatigue if he uses formic acid in medicinal doses. While less enthusiastic than Dr. Clément, Dr. Huchard is a thoro believer in the muscular tonic action of formic acid and the formates. Practically in all the cases experimented upon, the muscular strength, as registered by Mosro's ergograph, rose considerably after the administration of sodium formate. He tried the effects of the sodium formate on himself, and his muscular strength rose from 9.90 kilogrammeters to 30.650 kilogrammeters in 6 days, after taking 15 grams of the drug. During the two days after ceasing the sodium formate the muscular strength from 30 kilogrammeters fell to 19 and 18.

The best way of administering formic acid is in the form of sodium formate, which is a white crystalline salt, very soluble in water and deliquescent. The dose is 15 grains (1 gram) 3 or 4 times a day. Potassium formate has the same dose; the dose of the lithium salt is 5 grains 3 to 4 times a day. The formates should not be prescribed with an acid, as they are readily decompose with the liberation of formic acid, which is irritating to the stomach and unpleasant to take.

THE INFLUENCE OF THE WEATHER ON OUR HEALTH AND GENERAL CHARACTER.

The materialistic—or, we might say, ultra-scientific—tendency which prevailed in medicine during the second half, and almost to the end, of the last century had the effect of causing us to neglect minor details and things of a more subtle character. Hippocrates, that wonderful genius whom no other physician has ever approached in the power of observation, was fully aware of the influence of the weather on our body and temperament; the scientific physician was rather apt to smile when the subject of the weather, as affecting the patient's condition, was broached. Keen observers have, however, noticed that there is something more in the subject of weather influence than mere grandmother's tales and ancient superstition. It has been noticed that a person will feel languid and incapable of any physical and mental effort one day, and buoyant and vigorous the very next day, without any apparent cause and reason. It has been noticed that patients under the identical treatment and environment will make the most remarkable ups and downs—again without any explainable cause or reason. Further, it has been noticed, that without any apparent cause, without any discoverable change in the circulatory, respiratory, digestive or any other function, without any change in the financial, personal or other circumstances, a person will one day feel happy, expansive, good-natured, and will view everything

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through rosy spectacles. Another day he will feel depressed, melancholy, suspicious, will grumble at everything and everybody, and will be ready to say amen to all the dicta of Schopenhauer.

To say that these things just happen, that they are a mere matter of chance, did not satisfy the man of an inquiring turn of mind, the man who knows that there is no effect without a cause. And in looking for causes it has been found that the weather plays a most important part. In speaking of the weather, three factors are to be taken into consideration: the temperature, the humidity and the barometric pressure. Hippocrates considered the direction of the winds as a very important factor. He taught that the south wind produces dulness of hearing and sight, caused headache and general malaise, while the north wind affected the throat and chest. We have no scientific proof of the truth of this observation; still we are not ready to pooh-pooh it. There may be some element of truth in it. The influence of changes in temperature and humidity are pretty generally recognized, but we think that the most important factor is the barometric pressure, and this is not generally recognized. A consideration of the subject will, however, convince everybody that a change in barometric pressure must exert a great influence on the human organism. At ordinary barometric conditions the human body supports a weight of 15 tons. A fall in the pressure may reduce the weight to the extent of a whole ton, while a rise in the barometric pressure may impose upon the body the additional weight of a whole ton! Now, think of the effect this must produce upon the normal physiological processes, and of the effect that these must in their turn exert upon our feelings and character. We do not see the weight, but it is nevertheless just as real as if it were saddled on a person's back, and we opine that in the near future the relationship between the weather and a person's or a nation's general character will be found to be a much closer one than has heretofore been suspected.

CHANGES IN OUR IDEAS OF DIET IN DISEASE.

The treatment of many diseases has undergone a marked change within the past quarter of a century, but nowhere is the change more marked than in our ideas of diet in disease, especially in Bright's disease and diabetes. Meat was considered poison in chronic nephritis; now the most advanced practitioners are quite liberal in this respect, and meat in not excessive amounts is allowed to most nephritics. To order or even to allow potatoes to a diabetic patient would have been considered malpractice ten years ago. Now many consider potatoes not only permissible but even beneficial in diabetes and the irrationality of entirely cutting off carbohydrates in that disease is beginning to dawn slowly upon the whole profession.

And really, why should carbohydrates be cut off entirely in dia-

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betes? The glucose in the urine is not the disease—it is one of the results of the disease. What the *real* nature of the disease is we don't know. It is, therefore, no more rational to cut off the carbohydrates entirely because their consumption increases the amount of glucose in the urine, than it would be to cut off the use of water because the amount of urine is enormously increased in that disease, and the increase goes *pari passu* with the amount of water consumed. There were isolated physicians years ago who held similar views, but their words were unheeded. We recently came across a paper written in the seventies in which the view was expressed that the cutting off of carbohydrates worked a distinct injury to the patient and accelerated the fatal issue, because the perverted metabolic processes used up and carried off the greater amount of carbohydrates present in the system, and there being no new accession from the outside, some grave tissue defect must result which cannot but prove deleterious. The doctor was considered cranky in his views, but we see now that those cranky views contained a good deal of truth. The crank of yesterday is often the authority of to-day.

WE FORESAW IT.

We saw perfectly well what the result would be at first. We knew when we started to agitate the question of ethical advertising, that when the good journals would refuse to admit into their pages any false or questionable advertisements, the unethical journals, the journals that are published chiefly or exclusively for money, the journals in which the reading and advertising pages are "quite distinct," would be in high glee. To counteract the effect of exposure, to make up for lost patronage, the manufacturers would increase their space in the unethical journals, would buy up or subsidize some of them, would pay heavily for reading notices, etc. In short, we foresaw that bringing the question of honest and dishonest preparations, honest and dishonest advertising prominently to the front, would give a boost, would put new life into that type of journalism which has always carried a sign on its front: For sale to the highest bidder. We foresaw it, and it has come true. The Antikamnia and Phenalgin "Chemical" Companies, for instance, have doubled and quadrupled their space in those journals whose pages are open to them, and the reading notice is more in evidence than ever before. But it could not and cannot be helped. Almost every reform, every change has certain drawbacks. It is an ill wind that blows nobody good, and the attacks on the manufacturing fakirs have proven a windfall to the venal journalistic fakirs. But all that is temporary. *All that shall pass away.* The education of the medical profession is progressing rapidly—it has never made such giant strides as during the past three years—the American Medical Associa-

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tion is getting stronger from month to month, the colleges are turning out a higher class of graduate, and when, in a very few years, the entire medical profession has reached the point of *discrimination,* where will the fake journals and corrupt journalists, who made common cause with the fake manufacturers, be? They will be dead, buried and forgotten.

P. S.—I hear that the venal writers who eke out a living by writing laudatory articles on products they had never seen or tested, have raised their prices. The editors who write testimonials for Antikamnia have also become more independent. *That, too, shall pass away.*

BEAR IN MIND.

Kindly bear in mind that the enemies of the CRITIC AND GUIDE cannot be treated like ordinary respectable opponents. Utterly devoid of any principles of honesty, decency and fair play, there is no meanness, no dastardliness of which they are incapable; they will do anything at the command of their god Mammon. And it is for this reason that the CRITIC AND GUIDE must handle them without gloves, is reluctantly obliged to apply to them their right epithets and to touch them on the sensitive spot whenever possible.

NO OCCASION FOR PESSIMISM.

We call particular attention to Dr. Carr's letter in the present issue. Dr. Carr admits that he belongs to the "unethical gang," but for all that there is a lot of truth in what he says. We do not mind our enemies. When we decided to hit frauds and expose humbugs, we knew we would make enemies. We do not mind them. But what does hurt, what *is* painful, is the apathy, the indifference of many of those who should be our staunchest friends and supporters. But they are waking up. From day to day our work is being more and more appreciated, and the influence of the CRITIC AND GUIDE is becoming stronger, broader and deeper. There is no occasion for pessimism.

PUBLIC THANKS.

On returning home after an absence of many months, I consider it my first pleasant duty to publicly thank those gentlemen of our profession, who during my sojourn in Europe have shown me every courtesy and have done everything in their power to facilitate and expedite my work.

Comparisons are odious, but I must say I doubt if a European physician coming here would meet with the same cordiality and readiness to be of help that an American physician meets with in

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Europe, especially in Switzerland and France. It mattered not at what time I would arrive; immediately one or more physicians would be detailed to show me the interesting cases, to demonstrate the latest method of treatment, to point out some peculiar histologic or bacteriologic specimens, etc.

And thus it affords me great pleasure to offer my most heartful thanks to the following gentlemen: Prof. Lassar, Prof. Lesser and his assistants, Dr. Hoffman (of the Schaudinn-Hoffmann Spirochaetapallida), Dr. Brüning, Dr. Schmidt, Dr. Runge, Dr. Marcuse, Dr. Halle and Dr. Heuck, Prof. Nitze, Dr. Wossidlo, Dr. Piorkowsky, *all of Berlin*; Prof. Pick, Dr. Krause, Dr. Löwy, *of Prague*; Prof. Riehl and his assistant, Dr. Von Zumbusch; Prof. Finger and his first assistants, Dr. Brandweiner and Oppenheim; Prof. Lang and his assistants, Dr. Richard Volk, Dr. Holzknecht, Dr. Robinsohn, Dr. Neumann; Dr. Kohn, first assistant to Prof. Mracek, Dr. Von Buchta, *all of Vienna;* Prof. Iadassohn and his assistants, Schultze and Lewandonski, *of Berne,* and finally the entire staff of the Hôpital St. Louis *of Paris.* And finally to two gentlemen, who tho not medical, are very closely connected with Dermatology and Syphilodology: Herr Kasten, the wonderful "Moulage" artist in Prof. Lassar's Clinic and Gaston Gauthier of the Hôpital St. Louis.

I trust I have not left out anyone. If I have it is thru inadvertence or forgetfulness; surely not with deliberation.

VIN MARIANI AND THE CRITIC AND GUIDE.

No preparation which is of secret composition or which is advertised to the laity can gain admittance into the pages of the CRITIC AND GUIDE. Every advertiser understands that. Vin Mariani was admitted into the pages of the CRITIC AND GUIDE on the definite assurance of the American agents that it was not being advertised to the laity in the United States. It is true that a number of years ago the preparation was advertised in the lay press for a short time. But in considering the admissibility of a preparation we do not deal with its past, but with its present. Nor can we criticize the method in which a preparation is advertised in other countries. Very frequently the American agents have no control over the European or Canadian business. We can only deal, we say, with the present and with the United States.

During the past week we received two anonymous letters, accompained with the ad. of Vin Mariani, clipped from *The Trade Mark Record,* a publication of which we had never heard before. Believing in frank action, and always in the habit of taking the bull by the horns, we communicated with Mariani & Co., and we believe that the two letters which follow completely exonerate them. Their preparation is still fully entitled to be represented in the most ethical medical journal.

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New York, Nov. 10, 1905.

Wm. J. Robinson, M.D., Editor CRITIC AND GUIDE:

Dear Doctor:—In response to your inquiry regarding an advertisement of Mariani Wine, which appeared in the "Trade Mark Record," we cheerfully give you the information desired, especially so, as it will place ourselves in the proper light.

The "Trade Mark Record," as the name implies, is a publication strictly in the interests of trade marks; it is owned by a firm of attorneys, who have for many years attended to legal matters for us, and who, with the sole intention of obliging us, without our solicitation, and without any remuneration, have of their own accord printed this advertisement.

We may say the publication has a most limited issue, so much so, that we have never heard from it; in fact, we were unaware that it was yet appearing.

In so far as the circulation can barely be considered, and as we sincerely believe could hardly induce the sale of a dozen bottles in as many years, we certainly do not object that the advertisement be discontinued, if in fact it is still running, and we are by same mail informing the publishers to stop it, explaining that while we appreciate their good intentions, that they are seemingly, though innocently, injuring us with some few members in the medical profession. That our preparation has met with the approval of the leading members of the medical profession in this country, as well as abroad, is attested by many thousand flattering letters and the continued confidence with which we have been honored, and to which we point with pride.

We trust our answer will convey to you exactly our position and that the same gives you the information desired, and that it may in every respect be satisfactory.

Appreciating your frankness, we thank you for same, and remain

Yours truly,

MARIANI & Co.

New York, Nov. 10, 1905.

Messrs. Mariani & Co., New York City:

Gentlemen:—In reply to your notification to us, concerning the advertisement in the Trade-Mark Record, we beg leave to assure you most emphatically, that we certainly would not have continued this gratuitous advertisement, had we anticipated that it would affect you adversely in the least.

We appreciate the situation, and will discontinue the ad. from on and after the next issue, the present issue being on the press at the time of writing.

Yours very truly,

TRADE-MARK RECORD.

REMEDIES FOR EPILEPSY.

Two remedies have recently been introduced for the treatment of epilepsy. One of these is verbenin, which has been highly recommended by a number of clinicians; especially in cases of gastrointestinal irritation from worms or other causes. The other is solanine, the alkaloid of the horse-nettle. This plant has attracted a great deal of attention, as a remedy for the nervous irritability which renders the epileptic more liable than ordinary persons to suffer from these explosions. The crude plant preparations are too variable for anything like definite results, but their use has shown the remedy to be of undoubted value.

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[Written for the Critic and Guide.]

LETTERS OF A MEDICAL STUDENT.

By VICTOR, STUDIOSUS MEDICINÆ.

Midnight.

My Adorable Dora:—I suppose Morpheus, god o' dreams, he of the silken and shadowy wings, has long fanned you to sleep, but I am still up and doing, because seldom can the ambitious medical student embrace the warm breast of slumber at the sweet midnight hour. The embryo medicus is apt to be a dissipated fellow—he usually retires in the morning. I have been having an awful time, and in order to allow a more pleasant feeling to circulate thru my cosmos, I will answer that letter of yours which I have already answered three or four times. My misery has been due to the fearful fact that I have been trying to study some anatomy, but all that I positively know about the subject is that mine is aching—aching badly. Do you remember the last time I saw you, you were reading a novel called "The Parasite," by Arthur Conan Doyle? Doyle is also a physician, and knew what he meant when he said, "For him who has mastered Gray's Anatomy, life has no future terrors." When I tell you that Gray's Anatomy is a great big book, littered from cover to cover with sublime passages, like—

Attachment of muscles—To fifteen: to the squamous portion, the Temporal; to the zygoma, the Masseter; to the mastoid portion, the Occipito-frontalis, Sterno-mastoid, Splenius Capitus, Trachelo-mastoid, Digastricus and Retrahens aurem; to the styloid process, the Stylo-pharyngeus, Stylo-hyoideus, and Stylo-glossus; and to the petrous portion, the Levator palati, Tensor tympani, Tenso palati and Stapedius—

you will perhaps amend Conan Doyle's dictum thus: "For him who has mastered Gray's Anatomy, life has no future pleasures."

You may have seen in the papers that we had our annual college-rush last week. Some policemen tried to prevent us, but we soon prevented them from winning prizes in a beauty show. But what I wanted to tell you was that one student hit another over the head with Gray's Anatomy. The poor fellow fell down with such determination that we thought he was a stiff, fit only to be cut up in the dissecting-room. We weren't surprised. The index of that book is enuf to make any one ill, and just think what it means to get the entire anatomy on the head at once! When half an hour passed and the graymatized student still remained on the floor, we gently picked him up, and what was our astonishment to find that he could actually stand upon his feet! And then what do you think he did? He just turned around and smashed his nearest benefactor in the jaw! Of course, all this only goes to further show the evil influence of the outrageous Anatomy written by Henry Gray, F.R.S., who died young (from remorse) because he brought so much woe into the world.

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Perhaps you think my rebellious nature cries out in daring protest against all the laws, rules, names, terms and definitions which it is necessary to learn before the coveted M. D. degree is won. But my nature is rebellious no more. The fire of revolt burns in me no longer. The spirit of insurrection is fled. I leave iconoclasm to others. I have forgotten Poesy and Beauty and Freedom. The voice of Liberty's lovers thrills me not. The light of the Better Day does not shine on me. I worship no longer at the altar of ideals, and I do not follow with straining eyes Emancipation's sacred banner, or pathetically relate the tale of the toiler. A Garibaldi may sound his bugle, but my ears are deaf. A Whitman may thrill the world with songs of freedom, but my heart is closed. An Ingersoll may deliver wondrous messages unto man, woman and child, but I have no time to listen. It is no longer my ambition to show that superstition and gunpowder are a hindrance to progress. I would rather prove that atoms invariably unite in certain definite and unalterable proportions. I am meek and pale and lowly. I am buried in books, blinded with blood and beaten with bones. My only gods are my professors, and when they smile I am in heaven, and when they frown I feel the pangs of hell.

Do you remember how you laughed when I told you that Darwin used to ask his friends to send him their dead dogs, cats, pigeons, chickens, and so on? You may laugh again, but I must make a similar request. If Peter Pillar ever carries out his promise and kicks your barking poodle to death, would you be so kind as to send it to me? I would like very much to dissect it. I always was poor at cutting up, and I need as much practice as I can possibly get. This reminds me of another promise of Peter's. He was here last Tuesday, and he happened to mention in a sort of casual way, that you refused twice to marry him, and if you refused again he would surely commit suicide. Of course, I hope my good friend Peter will never do such a thing, but, of course, accidents will occur, and if poor Peter should ever spill a dose of prussic acid down his esofagus, I hope you will send me the body. You see Peter swears his heart is yours, and so I suppose he would be willing to give you the rest of himself. Peter is such a peculiar fellow, I could learn much by dissecting him, and you know how extremely anxious I am to advance, even in the slightest degree, the noble cause of science. However, if Peter should break his promise, I wish you would ask some of your thinnest friends to come here. I could learn something by studying them —if they are not too ticklish. I think you better in a sort of casual way tell them to come anyhow, because Peter is so provoking that even if he should commit suicide, he would probably leave orders to have his body cremated, and what good would that do me? Besides I believe that fellow has no love for scientific research.

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In your last lovely letter you say your pony was frightened by an automobile. Surely I hope it didn't exactly die, but you understand that sometimes ponies do die, and if yours is dead, I wonder, dear Dora, if you would have any objection to sending it to me?

You tell me also in your last letter that you and "the artistic Karl have become really quite friendly." I take it for granted that this means that you kissed him. Well, you may do what you like about the matter, but I earnestly beg of you to read attentively the book which I am sending you, called "The True and Terrible Transmission of Gruesome Germs by the Monstrous Means of Useless Handkerchiefs and Unnecessary Kissing." I have underlined several passages. Kindly pay special attention to them. It is for your own good. At the mandate of science we must make many sacrifices. Now if you do not kiss Karl any more, and if you send me the bodies of your poodle, Peter and the pony, I will everywhere proclaim that your step is lighter than lithium, that your cheeks are redder than fuchsin, that your eyes shine brighter than burning magnesium, that you are worth more than platinum, that your heart is warmer than a Bunsen burner, and I will prove by a chemical experiment that there is a stronger affinity between thee and me than there is between all the elements when stimulated by all the light, heat, solutions and catalytics in the universe. I will proclaim you rarer than Neon and more precious than Radium.

I should like to invite you to visit our college, but I am afraid you would be disappointed with the students. If you should see how they act, if you should hear what shouts of joy burst from their throats when they succeed in throwing a book from under a fellow-student's arm, how they delight to shoot spitballs with a beanshooter, how clever they think it is to put a piece of dissected flesh in someone's hat, or to stick a cigarette in the skeleton's mouth, you would ask, "Is it possible that these are the future physicians of America? and will the wondering woman in the sweetest, most solemn and sacred crisis of her life, be at the mercy of these hands? Is it for them to bring the ruddy bloom of health into the pale and ghastly cheeks of pain? Is it for them to bid disease to halt, and agony to cease? Is it for them to change grief to joy and sobs to smiles? Can they be trusted with life, when that life is nestling close to death?"

I admit it does seem strange, but if you could see these same students a year or two after they become medici, you would again be amazed—amazed at the marvelous transformation which these students have undergone. No longer would you see a careless crowd eternally discussing the following five subjects: (1) Girls, (2) Young Ladies, (3) Women, (4) Females, and (5) Football. You would see earnest men, men so different from what

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they were formerly, that I suppose you would whisper into my ear, "What can have changed them so?"

Here is the answer. As soon as a student becomes a doctor (and gets patients), weeping eyes look into his with the utmost sincerity; trembling faces are turned to him with the sad appealing look of a great sorrow; unsteady hands reach out for his help. He is asked advice. He is looked up to. So he begins to feel that upon his shoulders has fallen the mantle of a mission. He feels that it is for him to drive the lance of light straight thru the stubborn shield of sickness. He becomes filled with a righteous enthusiasm for his work. He learns the sacredness of his calling. He, too, carries the cross of a crusade—a crusade against the cruelest devils of the race, Disease and Death. He, too, has taken the vow, for is he not a brother to all suffering humanity? So he becomes transformed and transfigured. A halo is upon his head, for all who feel the pangs of pain are his children.

I have just read over this uninteresting letter, and I find it as unloving as it is unscientific, as illogical as it is inconsistent, but I hope you will forgive everything on that ground that I am

Your very sleepy

A. NATOMY.

P. S.—Shall I buy you a skeleton or some guinea pigs for your birthday?

[Written for the Critic and Guide.]

AN ETIOLOGIC CLASSIFICATION OF THE PATHOLOGIC CHANGES AND ABNORMAL CONSTITUENTS OF THE URINE

By Dr. N. Kruskal, New York.

The following compilation on the pathologic and abnormal constituents of urine will, I think, be of great value to the readers of the CRITIC AND GUIDE, serving as a guide to the general practitioner, and even to those interested in urinanalysis as a specialty. Such an exhaustive classification is, to the author's knowledge, not to be found in any textbook on the subject.

QUANTITY.

1. Polyuria (Increased Amount of Urine): 1. Diabetes mellitus. 2. Diabetes insipidus. 3. Contracted kidney. 4. Granular atrophy of the kidney. 5. Amyloid kidney. 6. Myelomata of the bones (very rare). 7. Convalescence after acute diseases (epicritic polyuria). 8. Disease of the nervous system, functional and organic, as hysteria, neurastenia, migraine, chorea, epilepsy, tabes, cerebro-spinal meningitis. 9. Medicinal (acetates, salicylates, digitalis, calomel, diuretin, agurin, etc.)

2. Oliguria (Decreased Secretion of Urine): 1. Febrile conditions. 2. Circulatory disturbances. 3. Acute nephritis. 4. Some forms of chronic nephritis.

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3. Anuria (Suppression of Urine): 1. Uremia. 2. Acute anemia. 3. Catarrh of the stomach or intestines. 4. Cholera. 5. Dysentery. 6. Nervous manifestations in connection with puerperal eclampsia, hysteria, psychic depression, etc. 7. Lead colic. 8. Poisoning with arsenic, corrosive sublimate, morphine, oxalic acid, etc.

SPECIFIC GRAVITY.

The specific gravity is generally increased whenever the quantity of urine is diminished (except in diabetes mellitus).

COLOR.

1. Highly Colored: 1. Approaching red—acute pyrexia and inflammations. 2. Bright, or dark, or smoky red—presence of blood. 3. Dark brown—presence of methemoglobin. 4. Almost black, especially after standing—melanotic cancer. 5. Brownish or greenish—jaundice. 6. Bluish—cholera and typhus. 7. Brown-reddish—medicinal, as carbolic acid, rhubarb, senna, resorcin, quinine, antipyrin, santonin (greenish yellow).

2. Light Colored: 1. Diabetes mellitus. 2. Diabetes insipidus. 3. Hysteria. 4. Convulsions. 5. Chronic nephritis. 6. Amyloid kidney. 7. Anemia and chlorosis.

REACTION.

Alkaline (When Freshly Voided): 1. Chronic inflammatory conditions of the lower urinary tract (volatile alkali). 2. Anemia and chlorosis (not often). 3. Affection of the bladder, caused by the use of an unclean instrument.

ODOR.

Ammoniacal—decomposed on standing.
Aromatic—rich in aceton.
Violets—administration of oil of turpentine.
Peculiarly distinctive—ingestion of asparagus.

PROTEIDS.

I. ALBUMINURIA (Serumalbumin): A. Accidental: Blood, pus, lymph, chyle, sperma and bacteria. B. Renal.

a. Without changes in the renal structure (functional).

1. Changes in the Constitution of the blood: 1. Ischemia. 2. Anemia. 3. Struma. 4. General weakness. 5. Effect of certain poisons, as cantharides, mustard, oil of turpentine, carbolic acid, alcohol, lead, etc. 6. Infectious fevers—micro-organisms in the blood. 7. Febrile conditions.

2. Disturbance in the circulation: 1. Acceleration of the arterial current. 2. Slowing of the venous current. 3. Prolonged muscular exercise. 4. After cold baths. 5. After epileptic fits. 6. Compression of the thorax. 7. Derangement of the cerebrospinal system, as progressive paralysis, mania, tetanus, delirium tremens, apoplexy, migraine, Basedow's disease, brain tumor, etc. 8. Albuminuria gravidarum. 9. Albuminuria adolescentium.

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3. Digestive Albuminuria: Ingestion of excessive amount of eggs, cheese, raw beef, etc.

b. With inflammatory and degenerative changes in the renal structure: Bright's disease and all other forms of nephritis.

II. PEPTONURIA: 1. Crupous pneumonia. 2. Purulent pleuritis. 3. Bronchoblennorhea. 4. Phthisis. 5. Meningitis cerebro-spinalis epidemica. 6. Acute rheumatism. 7. Sepsis. 8. Typhus abdominalis and other exanthemata. 9. Small pox. 10. Scarlet. 11. Erysipelas. 12. Malaria. 13. Phosphorus poisoning. 14. Ulcers. 15. Empyema. 16. Cancer of the viscera. 17. Catarrhal jaundice. 18. Apoplexy. 19. Scurvy. 20. Purpura hemorrhagica. 21. Henoch's purpura.

III. ALBUMOSURIA (Hetro-Proto-Deuteroalbumose): 1. Osteomalacia. 2. Dermatitis. 3. Ulcus ventriculi, etc.

IV. GLOBULINURIA: Mostly associated with serumalbuminuria in 1. Nephritis. 2. Amyloid degeneration of the kidney. 3. Catarrhal inflammation of the bladder.

V. FIBRINURIA: 1. Chyluria. 2. Blood in the urinary organs.

VI. HEMOGLOBINURIA: 1. Paroxysmal hemoglobinuria. 2. Extensive burns. 3. Various poisonings.

VII. MUCIN AND NUCLEOALBUMINURIA: 1. Inflammation of the bladder. 2. Leukemia. 3. Nephritis.

VIII. HISTONURIA AND NUCLEOHISTONURIA: 1. Leukemia. 2. Acute peritonitis. 3. Croupous pneumonia. 4. Erysipelas. 5. Scarlatina.

CARBOHYDRATES.

I. GLUCOSE: *a.* Transient glycosuria: 1. Cholera. 2. Typhoid fever. 3. Intermittent fever, particularly during convalescence. 4. Syphilis. 5. Scarlatina. 6. Measles. 7. Diphtheria. 8. Influenza. 9. Gout. 10. Disease of the lungs and liver. 11. Disease of the brain, especially if involving the fourth ventricle. 12. Cerebro-spinal meningitis. 13. Tetanus. 14. Lesions affecting the central and peripheral nervous system. 15. Poisoning with morphine, atropine, strychnine, oxalic acid, carbon monoxide, lead, chromates, chloroform, ether, etc. 16. Administration of certain drugs, especially of phloridzin. Occasionally after adrenalin and thyroid extract, if ingested in large amounts.

b. Transient—alimentary glycosuria: 1. Disorder of the stomach. 2. Overingestion of starchy and saccharine foods. 3. Cirrhosis of the liver. 4. Morbus Basedowii. 5. Disease of the heart. 6. Phosphorus poisoning. 7. Atrophy of the liver. 8. Traumatic neuroses. 9. Fatty degeneration of the liver. 10. In pregnancy. 11. Psoriasis. 12. In drinkers, especially of beer drinkers.

c. Persistent: Diabetes mellitus. (Extirpation of the pancreas.) (Removal of the thyroid gland.)

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II. LEVULOSE: Occasionally associated with dextrose in diabetes.

III. LACTOSE: 1. Frequently during period of lactation. 2. Inflammation of the mammary gland.

IV. MALTOSE: 1. Disease of the pancreas. 2. Occasionally in diabetes mellitus.

V. GLYCOGEN: Occasionally in diabetes mellitus.

VI. DEXTRIN: Diabetes mellitus (very rare).

VII. LAIOSE (Leo's Sugar): Diabetes mellitus (very rare).

VIII. SACCHAROSE: Occasionally in diabetes mellitus after abundant use of cane sugar.

IX. PENTOSES: *a.* Arabinose (Achraglycogen). *b.* Rhamnose. *c.* Xylose: 1. Diabetes mellitus (very rare). 2. Morphinisin (very rare).

INOSIT: 1. Occasionally in diabetes mellitus. 2. Diabetes insipidus. 3. Typhus. 4. Phthisis. 5. Syphilis. 6. Cachexia. 7. Disease of the medulla oblongata.

ACETON: 1. Diabetes mellitus, especially in advanced cases; diabetic coma. 2. Fever. 3. Carcinoma. 4. Autointoxication. 5. Psychoses. 6. After chloroform narcosis.

DIACETIC ACID: 1. Diabetes mellitus, advanced cases. 2. Autointoxication (diaceturia).

OXYBUTYRIC ACID: Severe or chronic cases of diabetes.

LACTIC ACID: 1. Acute phosphorus poisoning. 2. Acute poisoning with narcotics. 3. Acute atrophy of the liver. 4. Trichinosis.

GLYCURONIC ACID: After ingestion of certain drugs, as chloral, camphor, menthol, phenol, morphine, naphtol, thymol, chloroform, etc.

OXYAMYGDALIC ACID (Paraoxyphenyl-glycolic acid): Acute atrophy of the liver (very seldom).

BILIARY ACIDS (Glycocholic and Taurocholic acid): 1. Jaundice. 2. Hepatic congestion. 3. Early cirrhosis. 4. Malaria.

BILIARY PIGMENTS (bilirubin, biliverdin, biliprasin, bilifuscin, bilicyanin): 1. Jaundice. 2. Pathological condition of the liver. 3. Phosphorus poisoning.

CHOLESTERIN: 1. Chyluria. 2. Fatty degeneration of the kidney. 3. Eclampsia. 3. Epilepsy. 4. In pregnancy.

MELANIN AND MELANOGEN: Carcinoma or Sarcoma.

HAEMATIN (very rare).

URORUBOHEMATIN AND UROFUSCOHEMATIN: Leprosy.

HEMATOPORPHYRIN: 1. Rheumatism. 2. Addison's disease. 3. Pericarditis. 4. Paroxysmal hemoglobinuria. 5. Hepatic disease. 6. Exophthalmic goitre. 7. Lead poisoning. 8. Cirrhosis of the liver. 9. Croupous pneumonia.

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UROBILIN (Pathological): Febrile condition.

DIAZO REACTION (Ehrlich's):

1. Strong Reaction: 1. Typhoid fever. 2. Pulmonary tuberculosis (prognosis very unfavorable).

2. Faint Reaction: 1. Septicemia. 2. Measles. 3. Pneumonia. 4. Erysipelas. 5. Scarlet fever. 6. Diphtheria. 7. Pyemia. 8. Acute miliary tuberculosis.

HYDROGEN SULPHIDE (Hydrothionuria): 1. Eclampsia of long duration. 2. Invasion of bacterium coli. 3. Abscess ruptured in the bladder. 4. Cystinuria.

THIOSULPHURIC ACID: Typhoid fever (very rare).

PTOMAINES (Urotoxins): *a.* Cadaverin (Pentamethylendiamin). *b.* Putrescin (Tetramethylendiamin). *c.* Trimethylamin. *d.* Beatin.

URINARY SEDIMENTS.

I. CHEMICAL (UNORGANIZED).

1. URIC ACID, pathologic when deposit occurs shortly after urine is avoided: 1. Acute fevers. 2. Inflammation. 3. Increased tissue metabolism. 4. Defective physiologic action of the liver. 5. Sedentary habits of life. 6. Early stages of intestitial nephritis. 7. Convalescence from scarlatina.

2. URATES: *a.* Acid sodium urate. *b.* Acid potassium urate. *c.* Acid calcium urate. *d.* Acid ammonium urate: 1. Febrile conditions. 2. Disease of the viscera. 3. Functional disorders of the stomach. 4. Gout.

3. OXALATE OF CALCIUM: 1. Oxaluria. 2. Gastro-intestinal disturbance. 3. Diabetes mellitus. 4. Obesity.

4. PHOSPHATES: *a.* Ammonio-magnesium phosphate or triple phosphates. *b.* Calcium phosphate. *c.* Magnesium phosphate: 1. Nervous irritability. 2. Septic inflammation of urinary passages, as pyelitis and cystitis. 3. Dyspepsia. 4. Cancer of the pylorus. 5. Phthisis. 6. Exhaustion from obstinate chronic rheumatism. 7. Surgical kidney.

5. CYSTIN: 1. Cystinuria. 2. Acute articular rheumatism.

6. LEUCIN AND TYROSIN: 1. Acute atrophy of the liver. 2. Acute phosphorus poisoning. 3. Leukocythemia. 4. Typhoid. 5. Smallpox.

7. CALCIUM CARBONATE.

8. CALCIUM SULPHATE.

9. HIPPURIC ACID.

10. FAT GLOBULES AND CRYSTALS: 1. Chyluria. 2. Cachexia. 3. Fat emboli. 4. Phosphorus poisoning. 5. Chronic parenchymatous nephritis. 6. Fatty degeneration of the kidney. 7. Diabetic coma.

11. BILIRUBIN AND HEMATOIDIN.

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12. XANTHIN.

13. INDIGO.

14. CHOLESTERIN.

15. MELANIN GRANULES: 1. Melanotic cancer or sarcoma. 2. Intermittent fever.

CALCULI: *a*. Uric acid and urates; most frequently. *b*. Calcium oxalate. *c*. Phosphatic. *d*. Cystin (rare). *e*. Xanthin (rare). *f*. Cholesterin (rare). *g*. Urostealith (fatty acids and fat). *h*. Mixed calculi (uric acid, calc. oxalate and phosphates). *i*. Calcium carbonate (very rare). *j*. Indigo concretion (very rare.) *k*. (Prostatic calculi). *l*. (Fibrin and blood concretion).

II. ANATOMICAL (ORGANIZED).

1. BLOOD (Hematuria).

a. Renal: 1. Bright's disease. 2. Amyloid disease. 3. Malignant growths. 4. Tuberculosis. 5. Renal calculi. 6. Cystic disease of the kidney. 7. Abscess. 8. Renal embolism. 9. Hydatids. 10. Acute febrile processes. 11. Purpura hemorrhagica. 12. Uterine phlebitis. 13. Traumatisms involving the kidney. 14. Medicinal, as turpentine, cantharides, arsenic, etc.

b. Vesical: 1. Stone in the bladder. 2. Cystitis. 3. Carcinoma of the bladder. 4. Neoplasms of the bladder. 5. Fibrous tumors. 6. Polypi.

c. *Urethral*: 1. Acute gonorrhea. 2. Neoplasms. 3. Traumatisms. 4. Urethral chancre.

2. PUS (Pyuria).

a. Renal: 1. Pyelonephritis. 2. Pyelitis. 3. Cancer. 4. Tuberculosis. 5. Nephritic abscesses.

b. Vesical: 1. Cystitis. 2. Vesical stone. 3. Ulceration. 4. Tuberculosis.

c. Urethral (prostatic): 1. Gonorrhea. 2. Urethritis. 3. Rupture of abscess in urinary passages.

3. EPITHELIA (round, columnar, conical, spindle-shaped, squamous, pavement).

4. MUCUS: Cystitis.

5. CASTS: *a*. Hyaline (narrow and broad): acute and chronic nephritis. *b*. Granular (coarse and fine granules): Chronic pathologic conditions of the kidney. *c*. Epithelial: Inflammation in the anatomical structure. *d*. Bloody: 1. Hematuria. 2. Acute diffuse nephritis. 3. Acute renal congestion. 4. Hemorrhagic infarction of the kidney. *e*. Fatty: Fatty changes in the kidney, large white kidney. *f*. Waxy: Amyloid kidney and many forms of nephritis. *g*. Bacterial: Interstitial suppurative nephritis, ascending pyleonephritis. *h*. Pus: Abscess of the kidney.

6. CYLINDROIDS OR FALSE CASTS: 1. Nephritis. 2. Cystitis. 3. Renal congestion.

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7. SPERMATOZOA: 1. Spermatorrhea. 2. Spermato-cystitis. 3. Spinal diseases. 4. After epileptic attacks. 5. Typhoid fever. 6. Pneumonia.

8. FRAGMENTS OF TUMORS (rarely met with).

9. BACTERIA AND FUNGI.

a. Non-pathogenic: Yeast, penicilium glaucum, sarcina ureae, micrococcus ureae, bacillus ureae. Ammoniacal bacteriuria met with in cases of obstructive cystitis, in which residual urine remains in the bladder, as often results from paraplegia or enlarged prostate and urethral stricture. *b.* Pathogenic: Gonocoocci, Tubercle bacilli, Typhoid bacilli, Colon bacilli, Streptococci, Staphylococci, and many others.

10. PARASITES: Eggs of distoma haematobium (in tropic zones). Filaria sanguinis hominis (in tropic zones). Hooklets and scolices of echinococcus cysts (very seldom). Eustrongilus gigans. Ascarides.

Beside the abnormal constituents of the urine, considerable increase or decrease, or absence of the normal constituents is pathologic (compare author's chart: Physical characteristics and normal constituents of urine).

ON THE HOME TREATMENT OF EPILEPSY.

By Prof. Charles L. Dana.

I write this article because I find that physicians who undertake the treatment of epileptics often do not realize the seriousness of their responsibilities. Many, I fear, simply give a little bromide, stop the meat, circumcise the boy, and say they think the child will outgrow it. But children do not outgrow it; they steadily get worse unless something definite is done, and well done for a long time. With proper, prompt and prolonged treatment, the attacks can be entirely controlled in 5 to 10 per cent. of cases, and I believe more. They can be greatly controlled in over one-half the cases, so that the patient may be able to continue his education and do some work in life. But this cannot be accomplished by any casual dosing or occasional consultation with some high authority. The physician should approach the responsibility of a case of epilepsy as he would that of a mortal surgical condition, in which much depends on knowledge and attention to all the details of a long technique.

It is conceded that the colony treatment of epilepsy is the one which approaches most nearly the ideal in effectiveness, but it cannot be applied to all classes—at least, for a long time—and perhaps never to a certain rather large percentage. There must always, therefore, be a good many epileptics who have to be trated at their homes, and whose care must be directed by the family physician or the specialist.

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For this class of persons I have gradually evolved a conventional or, as I have termed it, a "formal" treatment of epilepsy, which seems to produce the most satisfactory results in those cases in which a reasonable opportunity for therapeutic effort exists. That is to say, cases which are not of very long standing, and which have not already undergone serious mental deterioration, and cases in which the mental and physical degeneration, at the beginning, is not of a very high grade. The details of this treatment I have already published, but they only reached the circle of the readers of the Annual report of the Department of Neurology, Cornell Medical College, 1904, hence some of the principal points involved I have thought might be presented here.

The features upon which emphasis must be laid, in the treatment of epilepsy, are:—

First, the fact that the course of treatment about to be instituted is to last for at least two years, and that all measures prescribed must be carried out with the greatest fidelity and exactness during that time, no matter how well the patient may seem, or how unnecessary regimen and drugs may appear to be. The preparation and outlining of treatment should receive the care and attention such as is given to a capital operation.

Second, the use of the pure bromide of sodium salt, in combination with the glycero-phosphate of soda, so that a patient takes on an average 60 grains of the bromide of soda and 20 to 30 grains of the phosphate, in twenty-four hours. To this combination iron and a little arsenic may be added, if needed. It has seemed to me proved, beyond any question, that by the combination of proper soluble phosphates with bromide, the depressing effect of the bromide can be largely gotten rid it, and the patient can continue bright and active, and grow fat under a fairly large dose of the drug. This has been tested by me now for about four years, mainly in private practice, but also in my dispensary work. The maximum dose of bromide which can be taken in this combination is sometimes as high as 90 grains a day, but, rarely, more, and not often as much.

Third, I have found it a most efficacious plan in treatment to intermit the medication for either one or two days in each seven. During these days, *e.g.*, a Wednesday and Sunday, the drug is stopped, and in its place is given, three times a day before meals, a tumbler of hot water, and with it an alkaline laxative. The ordinary tablet of rhubarb and soda, with nux vomica, usually answers this purpose. Sometimes 20 grains of bicarbonate of soda is enough. Its purpose is to flush out the stomach and bowel and cleanse the gastro-intestinal canal twice a week, thus preventing the accumulation of drugs and toxins. After meals on these days I sometimes give 10 drops of tincture of iron or some needed tonic. I have not seen any access of convulsion during the day or the day after such intermission.

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Fourth, an important measure which I employ in the treatment is the securing of violent physical exercise for about twenty or thirty minutes, at least, three times a week. This must be done either by some active sport, like boxing, in the gymnasium, by tennis, skating, or by the simpler methods of chopping or sawing wood or punching the bag; but the exercise of whatever kind should be short and to the point of free perspiration. After this exercise, the patient is given a cool bath. Delicate persons, women, and those who are unable to carry out such exertion, I direct to purchase a "hot-box" and take a hot-box sweat, followed by a cool bath, three times a week. These boxes are not expensive, and can be set up with little trouble.

Fifth, the question of diet is attended to, but upon this I have no regimen other than that of the moderate, mixed diet, with the small amount of meat, which is usually recommended.

I have not collected my statistics as yet to support the validity of my belief that this outline of treatment furnishes the best indications for the home care of epilepsy, nor do I claim that it cures cases. I have, however, a good many patients who came to me with attacks two or three times a month, who, under this treatment, have been able to keep their attacks under control, so that they have practically none, or only one or two a year, and are able to resume their work, for it has always been my belief that epileptics should be made to go to work, and to live, in every way, as nearly like normal persons as possible.

It goes without saying that there are many epileptics who are too advanced or too degenerate for treatment and who need only custodial measures.

I am strongly in favor, however, of giving bromide, guarded, as indicated, by measures which keep open the skin, cleanse the bowels, and invigorate the circulation. The dose should not be large. Not much can be done if 60 or 80 grains will not do it. There is no merit in mixing bromides, and the sodium salt is as good as any. The dose should be *increased* as the patient gets better; he should take more, if possible, at the end of the second year than at the beginning of the first, if the attacks are controlled. After four years one can feel safe, not before. There are no other drugs of any importance in epilepsy, though freak cures happen under all kinds of measures. Looking over the histories of twenty cases which I have followed in private practice in the last four years, I find in 5 no help at all; in 3 attacks stopped for 2 to 4 years; in 12 attacks reduced from ¼ to 1-12, *i.e.*, from 1 every two to six weeks, to 1 every six to eighteen months, the patients all being well, feeling well, and doing their work like other people.—Monthly Cyclopedia.

All communications should be sent to our new address: 12 Mt. Morris Park West, New York City.

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GOAT-SERUM

Since Dr. Brown-Sequard startled the world with his discovery of a serum that was guaranteed to prevent old age and died shortly afterward himself, there has been no such wonderful find as Goat Lymph. True, the Brown-Sequard elixir proved the briefest of illusions, but Goat Lymph has come to stay. As an earnest of that, the owners and patentees have formed a corporation to "exploit" the elixir and are advertising in all the honest dailies and the truthful magazines. They publish a magazine themselves under the Sign of the Goat and the articles printed therein have a strong hircine flavor. Of course, they have a sanitarium where neurotics, under-sexed and petered-out persons are rejuvenated with Essence of Goat. They do not advertise with me, but the original humor of their Great Discovery entitles them to a free write-up. The inventor of a new fake deserves well of this grateful country.

Goat Lymph means, in non-scientific terms, Extract of Goat. It is the active bezumistic principle of the happy hircus and is estimated to be at least 400 per cent. stronger than the gumption of the most gumptious human. No other animal equals the goat in point of what scientists call "ambish." He is the most festive of created potentialities, ranking as a type of fertility with the rabbit, the Jersey nigger and the egg. The fact that he has heretofore been looked upon as a mischievous and useless animal, seems to argue that provident Nature has kept his virtues hidden with some profound purpose in view. So much being said, the importance of the "discovery" can not fail to soak in upon the least reflective mind. No wonder the patentees advertise it as a sure cure for impotency, neurasthenia, incompatibility of the marriage bed, weakness of function, locomotor ataxia and chronic failure to get the money.

All these evils and more beside—I could not print the entire list without space rates—you can infallibly avoid by getting yourself inoculated with the quintessence of goat, the serum of his joyous and abounding come-back-againativeness. Nothing else can make life really worth living or keep peace in the family. Old men cry for it and will not be without it. Persons prematurely "all in" are made good as new. One injection changes the world for you—two pay every debt and present the future as a clean slate—three send you away with the pulse of twenty-year and a flame in your eye that all the women follow after like a band in the street. Come to the Sign of Capricornus and get a little of the sap that keeps the cosmos busy. Be a goat—a happy hircus!

Thus writes Michael Monahan, the patriarch of the Papyrites. Good for you, Michael. Go at it again. We can not have too many workers in the anti-humbug and anti-fraud field, and Michael Monahan is a valuable acquisition. Once more: Give us a monthly preachment against the frauds and fakirs that deceive, rob and poison our people.

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Abstract Department.

Treatment of Uremia.

Dr. W. J. Wilson, in the *Therapeutic Gazette* for September, summarizes the treatment of uremia as follows: In cases of dyspnea, persistent headache and sleeplessness, delirium, persistent vomiting, spasmodic contraction of muscles, convulsions, delirium and coma, the urine should be examined to determine whether uremia is the etiologic factor. Chloroform, chloral, the bromids, with veratrum viride, which seems to some extent antidotal to the poisons generating this condition, are the most dependable drugs to relieve the various symptoms. Morphine is to be used, particularly in cases of acute parenchymatous nephritis, and when used should be carefully watched and given in small doses on account of its bad effect on elimination. When the arterial tension is high, aconite, nitroglycerin or veratrum viride is indicated; when low, digitalis and caffein are to be used. The same journal calls attention to the fact that it has recently been asserted that the transfusion of normal or other salt solution is harmful in uremia, causing an increase in intravascular and intracranial tension, and supplying certain of the conditions necessary to the uremia seizure. The *Gazette*, however, believes this position to be largely erroneous and asserts that one of the most remarkable things about the circulatory system of men and animals is its ability to adjust itself to varying quantities of liquid. Practically the balance of evidence seems to favor the use of normal saline solution in uremia.

A New Liquid Antiseptic.

A NEW LIQUID ANTISEPTIC.—Cresylone, a new antiseptic, contains 50 per cent. of Cresylic Acid, and forms clear solutions with water in all proportions. A two per cent. solution is not only an excellent disinfectant for instruments and hands, but a valuable detergent and lubricant, too. It is said not to injure metallic or rubber instruments, tho celluloid articles are apt to become friable under its action.

In the treatment of wounds a one per cent. solution is usually employed, and a two per cent. solution may be used in profoundly septic cases when more vigorous measures are indicated.

Cresylone completely arrests the development of pus organisms, and is, therefore, indicated in the various suppurations with which the general practitioner has to contend. In the treatment of otorrhea, irrigation with a one-half per cent. solution is said to be of benefit. A solution of the same strength is of value in the treatment of ozena.

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The Medicinal Treatment of Appendicitis.

Dr. Paul Moosbrugger (Münch. Med. Wochenschrift, Sept. 12, 1905) reports brilliant results from medicinal treatment of appendicitis, both of the acute and of the more chronic forms. His experience during the past five years is in sharp contrast to that with the usual treatment, and he recommends his method—which consists exclusively or almost so of the liberal employment of collargolum—after most careful observation and consideration. In mild cases that have perhaps for days suffered from colicky pains, with irregularity of the bowels and tenderness on pressure, but without abdominal distension, he applies flaxseed poultices and administers 15 grains of collargolum in 6 ounces of water, a tablespoonful every half hour or hour. In more advanced cases with vomiting, distended abdomen, bad subjective condition, he gives 30 grains of collargolum in 6 ounces of water, 2½ drams every hour, and orders 30 grains of unguentum Credé to be inuncted for 30 minutes twice daily into the flexor surfaces of the arms and legs. When vomiting interferes with the retention of the solution he gives 7½ grains in 2 ounces, and in bad cases 15 grains in 4 ounces, in one or two enemata. Children get a teaspoonful of a ½% or ¾% solution every half hour, and if they vomit, the drug is injected rectally and unguentum Credé is inuncted. Cathartics and narcotics he regards as harmful. If collargolum is used early, the general condition improves on the second day, the temperature falls, the patient passes flatus and a spontaneous black stool, whereupon he usually feels relieved. In bad cases, when the exudate has reached the general abdominal cavity and a diffuse peritonitis threatens, recovery is much slower.

In his series of 70 to 80 cases of varying severity only two ended fatally, and in both diffuse peritonitis had set in when he was called. This mortality contrasts quite favorably with that under other methods. He now feels justified in rendering a good prognosis in all appendicites which have not progressed to a diffuse peritonitis and in which profound general infection is not present. Early correct diagnosis is of course important. Yet even if only recognized when perforation has occurred, the results will be better when collargolum is used. He does not hesitate to state that every early recognized appendicitis, no matter how acute or malignant, can be cured by collargolum without surgical intervention. Only two of his patients had another attack, both after about a year. In the great majority of his cases the disease focus was entirely cured.

The Relation between the Nose and the Generative Organs.

Dr. Sinexon (Annals of Gynecology and Pædiatry, July, 1905) reaches the following conclusions: 1. The congestion of the nasal mucous membrane always occurs during the procreative act. 2. There is also marked hyperesthesia of the nasal mucous

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membrane at such times. 3. A more or less periodical engorgement of the nasal mucosa is coincident with menstruation. 4. This engorgement also occurs periodically during pregnancy, showing that it is not dependent upon the menstrual flow. 5. Operations which destroy the functions of the generative organs cause the nares to revert to the condition which existed prior to puberty. 6. In the lower animals sexual excitement is always accompanied by occulsion of the nares. 7. This engorgement in human beings may result in epistaxis or hydrorrhoea. 8. The continued over-stimulation of the nasal mucous membrane from sexual perversion results in relaxation of the same from vasomotor paralysis. 9. The continued hypernutrition from frequent congestion will finally produce either hyperplasia or atrophy. 10. These conditions are not dependent upon hysteria or neurasthenia.

Treatment of Gastralgia.

A patient under treatment for hysteria was referred to Dr. Shoemaker, of Philadelphia, giving the history of having frequent attacks of pain in the epigastrium, agonizing in character and reflected around the lower portion of the ribs. The seizures occurred more frequently when the stomach was empty and lasted for ten or fifteen minutes. The examination of the patient was negative except that the stigmata of hysteria were present. Dr. Shoemaker suggested hyoscine hydrobromide in 1-100 grain dose during the attack. In less severe attacks the following combination was advised:

℞ Spt. Chloroformi..... 4 drachms;
Spt. æther. Compos..... 6 drachms;
Tinct. Capsici..... 1 drachm;
Aquæ..... enough to make..... 3 ounces.

One teaspoonful in water every half hour until relieved.

As the patient was anemic she was given the following for this and the general nervousness.

℞ Ext. submul..... 20 grains;
Zinci valeratis..... 30 grains;
Ferri reducti..... 20 grains;
Ext. Nuc. Vomicæ..... 7 grains.

Make 20 capsules. One capsule four times a day.

Histosan.

Histosan is an albuminate of guaiocol. Being relatively harmless, large doses can be tolerated. It is said to increase the appetite, while its antibacillary powers and its property to increase the agglutinating function of the blood, and also the emigration of the leucocytes, explain its influence on tuberculous foci. It is a good expectorant, readily taken by adults and children, and is said not to produce the slightest unpleasant by-effects.

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The Antiseptic Action of Iodine.

There is a revival of iodine. A number of articles have recently appeared, tending to show the great value of iodine as a bactericide. According to Nicholas Senn, iodine is the safest and most potent of all known antiseptics. In proper dilution to serve its purpose as an antiseptic, it does not damage the tissues; on the contrary, it acts the part of a useful tissue stimulant, producing an active phagocytosis, a process so desirable in the treatment of acute and chronic inflammatory affections. In the treatment of simple hyperplastic goiter, actinomycosis, and blastomycosis, the local use of iodine is made more effective by cataphoresis.

The Problem of the Enlarged Prostate.

Dr. H. M. Christian discusses this old but perennially young question (Mon. Cyclop.) and expresses his opinion that where there is some enlargement of the gland with three to four ounces of residual urine and the bladder uninfected it is only right to the patient to give the catheter a fair trial, especially as the mortality from operative procedures is still fairly high—8 to 10 per cent.—and in view of the fact that so many men live out comfortable and useful lives on partial catheter life. The great danger to be guarded against in these cases is infection of the bladder by means of a dirty catheter and by traumatism induced by rough handling of the instrument on the part of the patient.

To avoid this the following three points should be carefully looked into:—

1. *The selection of the proper catheter.* This should be either a soft rubber or single elbow Mercier catheter, preferably of the French make, olive-tipped.

2. *The sterilization and preservation of the catheter.* This is best accomplished by boiling for ten minutes after using and keeping the catheters wrapped in sterile gauze in a receptacle.

3. *Careful instruction on the part of the medical attendant as to the manner in which the patient should introduce the instrument so as to avoid traumatism.*

The surgeon should impress upon the patient the importance of these points and should be constant in his warnings to him not to relax his vigilance as regards the care of the instrument and the technique of the operation.

Treatment of Urethritis

Dr. Paul Lebreton (Presse Médicale) divides urethritis into three types: In the first, the inflammation is associated with gonococci; in the second, with other micro-organisms; in the third, with no micro-organisms whatever. For the treatment of the first type he employs free lavage of the uretha with a solution of permanganate of potassium, 1 to 5,000 or 1 to 6,000, and states that the gonococci disappear after from ten to fifteen lavages. In cases of the second type, in a similar manner, solutions of the

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salts of mercury, either of the oxycyanide, 1 to 4,000, are used, which are efficient and painless, or of the bichloride, 1 to 20,000 or 1 to 30,000, which is more irritating, but more effective in some cases. In cases belonging to the third degree, a 1 to 4,000 solution of nitrate of silver, or a 1 to 2,000 solution of salicylic acid is used. (Mon. Cyclop. Oct.)

Before introducing a filiform bougie inject olive oil into the urethra, draw the penis tense, and pass the instrument with a rotary motion. If it will not readily pass the stricture, insert another and continue until half a dozen are introduced, and then manipulate one after another until the orifice is found.—*John H. Brinton.*

Gynecologic Examinations in Virgins.

At the last Congress of Physicians, Dr. M. Wassermann discussed the subject of examinations with the speculum in women with virginal hymen or stenosis of the vagina. After trying a number of new devices he finally found them less serviceable than the following simple device: He makes use of an ordinary forehead reflector and a number of metallic tubes of different length and of a diameter of 3, 8, 12 and 15 mm., resembling the Ferguson speculum. For gynecological examinations in the patient's home, especially in badly lighted rooms, he finds the forehead reflector very useful, because it intensifies the light, which can also be easily shifted without changing the patient's position. For instance, if a lamp is placed on a table at the head of the patient, better light can thus be obtained than if it be held over the bed or placed at the side of the examiner. The use of the reflctor has the additional advantage in that it does not require the presence of a third person, and the patient can be examined with less exposure. —*Int. J. Surgery.*

The Harvey Society.

The next lecture of the Harvey Society will be given on Saturday evening, at 8.30, in the Academy of Medicine, 17 West 43d street. The subject is: Autolysis, by Dr. A. P. Levene. We believe the Harvey Society will play an important rôle in the development of the scientific side of medicine, and every progressive physician with a scientific training should join it. The officers of the society are as follows: Graham Lusk, President; Simon Flexner, Vice-President; Frederic S. Lee, Treasurer; George B. Wallace, Secretary; C. A. Herter, S. J. Meltzer, E. K. Dunham, Council. Its object is "the diffusion of scientific knowledge in selected chapters in anatomy, physiology, pathology, bacteriology, pharmacology and physiological and pathological chemistry, through the medium of public lectures by men who are workers in the subjects presented."

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Letters to the Editor.

A Unique Letter from the Editor of Medical Talk.

COLUMBUS, O., Nov. 3, 1905.

Dr. William J. Robinson, Editor CRITIC AND GUIDE:

Dear Doctor:—I am still reading the CRITIC AND GUIDE. I enjoy it, too.

You remind me of a prize fight I once attended, in which a clean fighter was pitted against a fellow who was capable of resorting to any foul tricks of the footpad. I admired the clean fighter. I knew what he was up against, and could not help but wish him success. While I don't understand prize fighting, yet I had enough inkling of the whole affair to get enthusiastic over the success of the one who fought bravely, courageously and refused to use the foul methods of his antagonist. Your journal reminds me of that scene.

I do not know much about Acetanilid, or the other things you are hitting so hard. But I do know you are putting up a brave fight, a clean fight, a fight that by no stretch of imagination could be of any personal benefit to you, other than the satisfaction of doing a good thing. If the things you say are true [of course they are! Ed.] you are one of the world's greatest benefactors to-day.

Keep at it. Hit hard. Have no fear of your enemies. If you are beaten in the end it will be by those who ought to be your friends.

You have enemies among the ethical as well as the unethical doctors. Remember that. It does not sanctify a man to be ethical, you will find out, if you have not already. Ethics does not prevent one man from stabbing another in the back when he gets a chance. Keep that in your mind.

But, ethics or no ethics, you are a unique figure in the medical journalistic world to-day. I hope you will not get insomnia nor any other nervous disease to hold you back.

I belong to the unethical gang, but I admire your fighting tactics with an admiration that won't allow me to always keep still. When you hit me I console myself with the recollection that you did it fair.

Sincerely yours,

Editor Medical Talk. C. S. CARR, M.D.

The General Practitioner and Venereal Diseases.

CATO, N. Y., Oct. 28, 1905.

Editor CRITIC AND GUIDE:—In your October issue I find a most meritorious paper by Dr. Willson, on venereal diseases, delivered as a "talk" to the students of my Alma Mater. It is an

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exposé which should be in the hands of every youth of either sex. Every word should sink into their souls, *except* this sentence on page 313, "Add to this the fact that the average physician is *unqualified* to treat gonorrhea and syphilis successfully, and should not attempt the task, *and you will learn how helpless the victim of such a disease is.*" (Italics mine.) This statement is false in regard to 90 per cent., or even more, of the "average physicians"; and it would nullify the benefit, largely, of this paper if placed before the laity. Why? I have before me a book advertising a "quack clap and pox shop" in St. Louis, wherein the proprietor makes exactly the *same* statement, hence the victim should write (and remit) to him at once, as "none but the specialist understands these diseases." This pamphlet is sent broadcast through the mails. Furthermore such a statement from Dr. Willson, while false and misleading, would tend to shake the confidence of the "victims" in any treatment by regular practitioners, and drive them to the charlatan, especially in the country, where "specialists" do not exist, but where the doctor must be, and is, a specialist and generalist, ready and competent to treat and cure catarrhs both simple or specific. Dr. Willson would do well to revise his lecture as to that sentence and purge himself of contempt.

Very truly yours,

T. HAVEN ROSS, M.D.

Sanmetto.

Dr. B. L. Of course, Sanmetto is a fake, in the sense that its "virtues" are exaggerated beyond measure. As a sedative to the vesical mucusa it is much inferior to a few drops of oil of santal, while its sexual tonic properties or its value in "presenility" exist only in the minds of its manufacturers and in their highly cultured "literature."

Lupus Erythematosus.

Dear Dr. Robinson:—Can I secure information from you regarding the reliability of Manola? The manufacturers publish a qualitative "formula." The taste and temporary effect of the preparation in small dosage are very similar to the temporary effects of small doses of poor whiskey. With best wishes and earnest appreciation of the efforts of the CRITIC AND GUIDE,

C. M. SMITH, M. D.,
Richland, Kansas.

[Any physician can prescribe a better combination than Manola at less than one-half the price. We advise you to have nothing to do with that preparation. Ed.]

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Tilbury Fox's Formula for Ringworm.

Dr. G. Tilbury Fox's formula for treating ringworm of the body is as follows: Creosote, 20 mm.; Potassium bicarbonate, 1 dram; Oil of Cade and Sublimed Sulphur, each 3 drams; lard, 1 ounce.

Collodion in Bedwetting.

Dr. A. L. One of the most ingenious and at the same time simplest methods of treating enuresis nocturna in children, as well as adults, is to paint the meatus at bedtime with flexible collodion. The urine finding no exit, a slight irritation is set up, which wakes the sleeper. The collodion is easily broken or removed from the meatus.

Pick's Linimentum Exsiccans.

Dr. F. W. Pick's linimeutum exsiccans has the following composition: Boric acid, glycerin, of each 2 parts; powdered tragacante, 5 parts; boiling water, 93 parts; zinc oxide (1 to 3 parts) is sometimes added to this liniment, making it stiffer and more drying.

Ethyl Chloride.

Dr. W. L. The value of ethyl chloride as a general anesthetic is pretty well established, but it is erroneous to assert that it has no mortality. The percentage, however, is very small, ten to eleven fatal cases having been reported so far.

Dr. N. Dose of the present Tincture of Aconite—10 minims; it is 3½ times weaker than the tincture of aconite of the previous pharmacopeia.

Dr. R. R. Hollander's method of treating lupus erythematosus consists in the internal administration of large doses of quinine and the application of tincture of iodine to the lesions. The results are very satisfactory.

Please take notice of our change of address Our new address is 12 Mt. Morric Park West (near 12ist St.)

All communicatins should be sent to our new address: 12 Mt. Morris Park West, New York City.

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[SQUIB—A pithy comment on men or things—Dictionary].

THE SQUIBBER.

Pithy Comments on Things Pharmaceutical.

NO SET OF MEN CAN SERVE TWO MASTERS.—The indications as to what side the N. A. R. D. is to take in the war against secret nostrums at present point both ways. The "heartfelt appreciation" of manufacturers who have adopted the direct contract plan, the "warm fraternal relations with the Proprietary Association," and the "unbounded enthusiasm for the manufacturers of Miles', Pink Pills, Peruna, and Paine's Celery Compound" point one way. The resolution to co-operate with the Council on Pharmacy and Chemistry of the American Medical Association, in the work of "eliminating from the practice of pharmacy and medicine, *as far as practicable,* unethical, secret, and, in some cases, fraudulent and dangerous compounds," points, though somewhat hazily as yet, the other way. More sharply defined is the resolution "to create and maintain a department of medical detail, whose province it shall be to provide literature on U. S. P. and N. F. preparations, and maintain a corps of detail agents whose duties it shall be to distribute said literature in person to physicians, and by personal solicitation direct the medical profession into the path of ethical pharmacy." On the development of these two tendencies depends much—but no man nor set of men can serve two masters.

PHARMACISTS AND DISPENSING PHYSICIANS.—In a series of resolutions concerning "Dispensing Physicians," presented at the recent N. A. R. D. conventions, one condemned counter-prescribing by druggists, and another office dispensing by physicians as an "equally pernicious and dangerous practice." A third resolution that was defeated only after protracted debate, favored the passing of laws requiring that only public officials should issue the death certificate "in cases where the dispensing physician had dispensed his own medicine." Through a wise leadership that has often served the association, it was saved from passing such a "damphool" resolution.

PROMOTING A DRUGGISTS' FIRE INSURANCE COMPANY.—The indefatigable Frank H. Frericks, of Cincinnati, is still bravely riding his hobby, a National Druggists' Fire Insurance Company, and he shows an admirable aptitude for surmounting obstacles. The N. A. R. D. at Boston having declared his plan "a practical business proposition, but one that would not be feasible as an integral part of the association's line of work," Mr. Freericks immediately "got busy." First, he secured the signatures of about 300 of the N. A. R. D. delegates who declared themselves interested. Then he rounded up a number of them aboard the steamer on the trip to Plymouth Rock, and organized a Committee on In-

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corporation and Organization, whose duties it will be to study the fire insurance laws of the various states (in order that a proper state may be selected in which to incorporate), and to depict the scheme in glowing colors to fellow druggists. Charles H. Avery, of Chicago, is chairman of the committee; L. G. Heinritz, trustee of the money bags; F. H. Freericks is secretary, and the other members are Samuel C. Davis, Nashville; Walter Rothwell, Hatboro; I. N. Heims, Indianapolis; T. B. Cartmell, Wilmington, Del.; E. B. Tainter, Carroll, Ia.

Book Notices.

"The Principles and Practice of Medicine." By William Osler, M.D., regius Professor of Medicine, Oxford University; Honorary Professor of Medicine, John Hopkins University, etc. Sixth edition, thoroughly revised from new plates, [D. Appleton & Co., New York.]

Osler's Practice has become a classic and occupies the same place in the United States that Strümpel does in Germany. On every page you feel the touch of a master hand. You feel that the man writes what he *knows,* knows from personal knowledge. It is generally complained that the therapeutic sections in Osler's are weak. He doesn't give enough. Perhaps. But whatever he does give can be relied upon. As to the changes in the new edition—"so many sections have been rewritten and so many alterations made, that in many respects this is a new book." So says Osler himself. No progressive physician can afford to be without Osler's Practice of Medicine.

"The Diagnostics of Internal Medicine." A Clinical Treatise Upon the Recognized Principles of Medical Diagnosis. By Glentworth Reeve Butler, Sc. D., M.D. With five colored plates and two hundred and eighty-eight illustrations and charts in the text. Second revised edition. [New York, D. Appleton & Co. Cloth, $6.00.]

Dr. Butler's Diagnostics has found remarkable favor with the profession, and has made a place for itself within a very short time. Medical science is progressing very rapidly, and it is very rare that a new edition of a medical book is published without material changes, eliminations and additions. The present edition of the volume before us contains about one hundred more pages and over forty more illustrations than its predecessor. The section of Diseases of the Mind is new. Altogether the book is thoroughly up-to-date and may be cheerfully recommended to any senior medical student or practitioner.

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"The Diseases of Infancy and Childhood." By L. Emmett Holt, M.D., ScD., LL.D., Professor of diseases of children in the College of Physicians and Surgeons. With two hundred and forty-one illustrations, including eight colored plates. Third edition revised and enlarged. [New York, D. Appleton & Co. Cloth, $6.00 net.]

This is one of the most satisfactory text books on diseases of children in the English or in any other language. It has been thoroughly revised, and all the latest developments in the pediairic branch of medicine have been incorporated. The chapters on the examination of the sick child, diarrheal diseases and dysentery, cerebrospinal meningitis, status lymphaticus and diphtheria have been entirely rewritten. Especial pains have been taken in this revision with the illustrations. Many old ones have been replaced by better ones, and 25 new illustrations have been added. The book is intended for the general practitioner and the student, rather than for the specialist, and answers its purpose admirably.

"Operative Surgery." For Students and Practitioners. By John J. McGrath, Professor of Surgical Anatomy and Operative Surgery of the New York Post-Graduate Medical School. Second edition thoroughly revised. With 265 illustrations, including many full-page plates in colors and half-tone. [F. A. Davis Company, Philadelphia, 1905. Cloth, $4.50 net.]

The second edition of Dr. McGrath's Operative Surgery has been carefully and thoroughly revised, and many illustrations and text matter have been added. The surgery of the stomach and intestines and of the prostate gland are treated with greater detail and in conformity with the recent advances in these departments.

"Physician's Pocket Account Book." By J. J. Taylor, M.D. [Medical Council, 4105 Walnut Street, Philadelphia.]

This is one of the best, if not the best, account book on the market. It is simple, practical, easily kept and withal strictly "legal." That is, the entries in this book will be accepted in court as valid proof of the patient's indebtedness and of the correctness of the account. It may be commenced at any time. It is bound in leather, flexible, and costs one dollar.

"Practical Massage in Twenty Lessons." By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School. With 40 original illustrations. [F. A. Davis Company, Philadelphia, 1905. Cloth, $1.00.]

This is a practical intelligent exposition of massage as it is or should be practiced to-day. While the author is, of course, a great

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believer in the value of massage in many diseased conditions, he is not a faddist, and does not entertain the ridiculous notion that massage is a substitute for or succedaneum to the science of medicine. That it is a very important aid and adjunct all intelligent physicians cheerfully admit. The author has had 30 years' experience as a masseur and teacher, and the little book is the result of his life's work.

INTERNATIONAL CLINICS, 1905, VOL. 4.

This extremely valuable quarterly of illustrated lectures and especially prepared original articles on all practical medical subjects is too well known—pardon the hackneyed phrase—to need extended introduction. But we believe the volume before us is of exceptional value to the general practitioner. Of the numerous valuable articles we wish to call particular attention to the following: The excessive use of drugs in chronic diseases, with reference to medicinal intoxication, by Prof. Hayem of Paris; The treatment of patients who seem desperately ill in consequence of accident, hemorrhage or infection, by Dr. F. Lejars, also of Paris; The importance of pathologic diagnosis and of etiologic diagnosis as illustrated by several cases of joint disease—arthritis deformans, pneumococcic arthritis, gonococcic arthritis and sciatic neuritis, miscalled rheumatism, by Prof. Solomon Solis Cohen; Functional heart murmurs: their causation and diagnosis, by Prof. R. D. Rudolf, of Toronto, and Post-Climacteric hemorrhages: their cause and treatment, by F. A. L. Lockhart. We advise every medical reader of the CRITIC AND GUIDE to subscribe for this valuable quarterly. (L. J. Lippincott Company, Philadelphia.)

The Treatment of Anterior Gonorrhea.

Dr. S. G. Brown (Therapeutic Gazette) says that it is quite it is quite possible to abort the more acute symptoms and to cut short the disease. He cleanses the anterior urethra with boric acid solution by means of an irrigator, taking care that none of the fluid passes beyond the compressor urethræ. Besides this the anterior urethra is syringed with a syringe of 6 drams capacity night and morning. The syringe is filled 6 times with a solution of pot. permanganate (1:3000) containing 10 per cent. of the "dark" fluid extract hydrastis, 4½ ounces of liquid being thus used up in each treatment. [The hydrastis decomposes the potass. permang. to a great extent.—Ed.] Internally the author administers salol, 40 grains daily. The author says that under this treatment there will be neither pus nor gonococci in the urine in eight to ten days.

Please take notice of our change of address. Our new address is 12 Mt. Morris Park West (near 121st St.)

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TO THE MEMORY OF

Professor Albert von Kölliker

one of the Founders of Modern Biology.

Died November 1st, 1905, aged 88 years.

MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 25c.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. V. DECEMBER 1905. No. 12.

All communications should be sent to our new address: 12 Mt. Morris Park West, New York City.

☞Please do us the kindness to remit for the year 1906, without waiting for a bill. Show us that you mean what you say, whe you write us during the year that you don't know how you could get along without the Critic and Guide.

What is a paltry dollar versus twelve monthly visits of the bright, interesting,—thought-stimulating, love-inspiring, and sham-exposing Critic and Guide?

Send us your dollar TO-DAY; you will have it off your mind, for a year, and we shall feel pleased.

THEN AND NOW.

When three years ago the CRITIC AND GUIDE was founded, with the specific and avowed objects of fighting the secret nostrums, of exposing fraud and humbug, of flaying the corrupt and venal journals, of agitating the question of ethical advertising, the predictions as to the probable length of the life of our enterprise were pretty uniform: three months to one year was the limit accorded us; the most hopeful ones could not think of giving us more than two years. The Cassandras were to be found both among the friends and among the enemies. The friends pitied our waste of money, time and energy; the enemies merely sneered. Well, both friends and enemies were wrong, and we, in our unshakable optimism, were right. No roses have been strewn on our path; on the contrary, it has been a steady

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uphill, sometimes a Sysiphus', work; but always mindful of Emerson's words, that "difficulties exist to be surmounted; a strenuous soul hates cheap success," we labored on; sometimes discouraged, sometimes doubting, but generally buoyant, generally hopeful. And our labor has been, is being, crowned with success. December of each year finds us stronger, more influential, more widely read, more securely established than the January of the same year—and at the present time, as far as we can see, the life of our journal will be *at least* coextensive with the life of its editor. And we expect to get stronger, bigger, better.

But it is not of ourselves we intended to speak when we took up the pen. We wish to call attention to the difference of conditions as they were three years ago and as they are now—a difference for which the CRITIC AND GUIDE is *perhaps* in some slight degree responsible. And so then, when the CRITIC AND GUIDE started its crusade against the evils enumerated at the outset, it was *absolutely* alone in the field. The *California State Journal of Medicine* was just being born; the *Journal of the American Medical Association* was still refusing to engage in the fight, and was still carrying in its pages some very objectionable advertisements; the *editorial* pages of the *Medical Brief* were reeking with disgusting puffs of Editor Lawrence's own patent medicines—and the post office department seemed indifferent. *Everybody's* was carrying patent medicines without discrimination. The *Ladies' Home Journal* and *Collier's* had not yet started on their crusade. In short, the vested interests were peacefully and confidently resting on their laurels, joyfully and hopefully contemplating further conquests. The CRITIC AND GUIDE was to them like a thunderbolt out of a clear sky. The thunder reverberated thruout the country; it stirred up the dormant public conscience and—truly marvelous results have been achieved. The *Journal of the American Medical Association* has cleansed its pages thoroly, and has become the leader in the crusade. The Council on Pharmacy and Chemistry has been born and has become a power in the land. The *Medical Brief* and similar publications have been compelled to cleanse their editorial and even their reading pages, etc. And what the J. A. M. A., the *California State Journal* and the CRITIC AND GUIDE are doing for—or rather against—*medical* nostrums, the *Ladies' Home Journal* and *Collier's Weekly* are doing for the popular frauds of the Peruna and Liquozone type. And the post-office department is extending its powerful and effective hand to aid us in our campaign. Yes, there is a difference between 1902 and 1905. We have accomplished something.

True, this agitation has had its bad side. Nondescript journals that have no raison d'etre and that were dying of general athrepsia, are now being brought to life again and supported by the

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fakirs, who are in need of subsidized, ready to do their bidding, mouthpieces. But that is only temporary. The journals *will* die, and the nostrummongers will have to look to other fields for the exercise of their activities.

And now we will look backward and see how we felt in the matter December last and December before last.

Another Year Gone.

December, 1904.

Another cycle closed, another year gone by. What a critical, strenuous, eventful year this has been in the life of the CRITIC AND GUIDE! Savagely and fiercely did the waves of ignorance, calumny and misconception strike against our frail craft, trying to destroy and engulf it, but boldly and bravely did we continue on our journey, looking neither right nor left, following strictly the path of duty, as *we* saw it, and sailing on and on towards the Haven of Truth. We tried to feel right and we wrote as we felt, and, as a result, we made enemies galore. And those enemies united, trying by their combined strength to overawe and crush the infant prodigy of medical journalism. Their hirelings went from doctor to doctor, from advertiser to advertiser, attempting to discredit the journal and its editor. But we refused to become meek and diplomatic, refused to count the cost, and continued to hit—harder than ever. And the result? The CRITIC AND GUIDE is an acknowledged power, is incomparably stronger than it was a year ago, is on an absolutely secure and firm basis—and will live as long as the editor does. The future looks bright to us, and we expect that in two years more the CRITIC AND GUIDE will be the greatest and most influential monthly in America. We are not given overmuch to vainglorious boasting, but we have a right to interpret the signs and indications.

How Time Flies.

December, 1903.

How time flies! It seems but yesterday that I was writing the first editorial for the CRITIC AND GUIDE. But not a day, a whole twelvemonth has rolled by. And what an exciting year this has been with us! Who can understand the quivering and the trepidation with which an editor launches upon the stormy public sea a frail, but aggressive organ like the CRITIC AND GUIDE? A journal without any sponsors, without any financial backing, and written with the blood of your heart and the gray substance of your brain—ah, never will you know with what anguish the Editor watches the effects that his poor effort is producing. A failure in such a case is heartbreaking indeed. It is not like publishing a trade journal, or a journal for pelf only. There, success is measured simply by the dollars that have been taken in; by the profits. In a journal like the CRITIC AND GUIDE the business

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success is a secondary consideration; the commendation of the professional press and the grateful appreciation of your efforts by the readers is of much greater importance. And of these we have had a generous measure. And we are duly grateful. And we shall endeavor in the future, as in the past, to publish a first-class, ethical, fearless, bright and independent journal. We pray for your aid and co-operation, and also for your indulgence, if once in a while we do not come up to your expectations.

THE IDEAL AND THE REAL.

Nothing in life is more glaring than the contrast between possibilities and actualities, between the ideal and the real. By the ordinary mortal, idealists are regarded as vague dreamers, striving after the impossible, but in the history of the world how often have they gradually molded to their will conditions the most adverse and hopeless! They alone furnish the *Geist* that finally animates the entire body and makes possible reforms and even revolutions. Imponderable, impalpable, more often part of the moral than of the intellectual equipment, are the subtle qualities so hard to define, yet so potent in every-day life by which these fervent souls keep alive in us the reality of the ideal. Even in a lost cause, with aspirations utterly futile, they refuse to acknowledge defeat, and, still nursing an unconquerable hope, send up a prayer of faith in face of a scoffing world.

The above pasage is one of the many gems in Osler's farewell address. But the reason we idealists never acknowledge defeat is because we firmly believe that no battle in the cause of truth and justice is *ever* lost. It may be lost for the time being, but we feel that it was a necessary step, an unavoidable sacrifice, in order that the ultimate battle might be won.

No struggle for Truth and Justice is ever lost, no aspirations for Happiness, Peace and Kindness are ever utterly futile.

QUACKERY WILL NOT DISPLACE MEDICINE.

We hear a good deal of the inroads of quackery, of the spread of Christian Science, of the financial injury done the medical profession by the vogue of various fads and follies, and physicians of a pessimistic turn of mind are inclined to assert that medicine is "played out"; that it doesn't pay now to study to be a physician, etc. To all such we should like to say that their pessimism is unfounded; that quackery in multitudinous forms has existed and flourished from times immemorial, and that nevertheless Medicine has survived, and we believe will survive forever. We should like our readers to transfer themselves for a few minutes to Boston, to the year 1844—over sixty years ago—and listen to the words of a great American master of medicine. They will see that prac-

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tically the same condition of affairs existed then and that "Alles ist schon dagewesen."

"I doubt," said Prof. Bigelow, "if physicians do not sometimes injure themselves and their cause by showing too great a sensitiveness in regard to the temporary inroads of irregular practitioners. Quackery, whether carried on by the audacious enterprise of an individual impostor, or upheld by the trumpeting of a fanatical sect, is to be considered a necessary evil inherent in the constitution of society. It exists in every walk and occupation of life, by the exercise of which men procure bread. . . . A certain portion of mankind are so constituted that they require to be ridden by others, and if you should succeed in unhorsing a particular impostor, it is only to prepare the saddle for a fresh and more unflinching equestrian. . . . And if [in your controversy] you exhibit uneasiness, resentment, or ill-temper, the public conclude that you are influenced by your private interests. Besides, you will probably find that the quack who has his all at stake, can afford more breath and time than you can conveniently spare from your other occupations, and in an active warfare he may acquire two partisans to your one. . . . The public generally require time to get disabused of a favorite error; and if too abruptly assailed, they will sometimes hold on to it, as the traveler did to his cloak when attacked by the north wind. . . . As far as my observation goes, three-quarters at least of the families in Boston and New England are in the hands of regular practitioners. The remaining fraction more or less consists partly of minds so constituted that they require the marvelous as a portion of their necessary food, and partly of unfortunate beings, suffering the inevitable lot of humanity, who having failed to obtain relief from the ordinary resources of medicine, seek for temporary encouragement in the dishonest assurances of any who will promise to cure them. The first is the dog in the fable, catching at shadows; the last is the drowning man catching at straws."

We have in the last two paragraphs an excellent résumé of the reasons for the existence of quackery in all ages. We can also see that there is no danger of the obnoxious weeds of quackery entirely displacing the healthy plants of scientific medicine—unless the entire human race becomes hysterical or afflicted with incurable diseases. And this is not a likely occurrence.

MY FRIENDS AND MY ENEMIES.

Let me tell you a thing: I am glad of my friends and I am equally glad of my enemies—but don't say a word to the latter, for they might want to be my friends, which would be a loss and an embarrassment.

Truly, I could not be what I am without both friends and enemies. Both are necessary to the inner Me. I went wrong about this for many years, but now I am wiser—I know. For we make

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no headway without opposing forces—he who thinks to hurt, helps us. I love my friends dearly, and yet, perhaps, I owe even more to my enemies—certainly I do in the way of mental stimulus. If I have gotten anything out of the fire, it was the hatred of an enemy that nerved me to the trial.

One must confess it, there is something narcotic, emasculating in the goodness of one's friends. The man who makes us fight with tooth and claw has done us a rougher, yet withal a better, service than he who laps us in the soft Lydian airs of friendship. Anything that ministers to our self-satisfaction is an opiate—effort ceases with the spur of anxiety removed. And nothing will so foster a good healthy anxiety as to feel that you are waging a truceless battle with those who will neither ask nor give quarter. Oh, yes! I want my enemies to live on as such; nor would I wish, like the Hebrew King, who walked with God, to bring down the hoar head of a single one of them to the grave in blood. Living, they do me good; dead, I should soon forget them.

We were about to write the above editorial—or something to that effect—when Mr. Michael Monahan, having nothing else to do, decided to save us the trouble of writing, sat down and dashed it off. Wouldn't it be a good thing if we frequently had somebody to write our things for us? It would save us trouble, time and gray matter. But occasions when one can write for you just the things you want, and just the way you want them, are very rare.

Selected Papers.

THERAPEUTIC AND CRIMINAL ABORTION.

By Charles B. Reed, M.D., Chicago.

The conditions which safeguard human life and enhance its sanctity are the result of a gradually developing civilization, and have passed slowly from the custom of exposing unwelcome, delicate or female infants to the inclemency of the weather on a bleak mountain side, to a state which provides incubators for the immature or improperly nourished child. In the course of this development, more and more attention has been shown to the unborn babe and its existence, and its rights have attained a definite position in legal and moral law. In consequence, any attempt to destroy those rights must be founded upon a basis of fact wherein the motive cannot be impeached.

Is there an unimpeachable motive? Rev. O'Callaghan says there is not. I rejoice that science and reason declare definitely that there is. In the advance of moral feeling the opinion has developed that in certain cases where the lives of both mother and child are imperilled, and one could be saved, the child should be sacrificed; since the value of the mother to the state is far

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greater than that of the unborn babe. Hence, where certain diseases or complications appear in or exist during the course of gestation, and which threaten the integrity of the case, a broad human sentiment now permits, nay, even demands, the destruction of the fetus.

WHEN ABORTION IS JUSTIFIABLE.

When this situation eventuates before the viability of the child, it is recognized as a prophylactic or therapeutic abortion and becomes a justifiable measure in the presence of such conditions as hyperemesis gravidarum and eclampsia, which do not yield to treatment. In certain cases of beginning and advanced pulmonary tuberculosis, cardiac disease, insanity, severe nephritis or serious and irreducible uterine displacements with dense adhesions, the operation is justly performed. In cases of absolutely contracted pelvis, where the patient refuses cesarian section, abortion is sometimes desirable, although the relative dangers of the two operations do not greatly differ in skillful hands. The same question may also arise where the genital canal becomes impassable through the pressure of benign or malignant tumors, or cicatrices of the uterus or vagina, when laparotomy is inadvisable or is refused.

The results of therapeutic abortion, when executed in a careful, scientific way, are generally good, and the indications for its performance are found both in and out of marriage. Therapeutic abortion is very justly correllated with cesarian section where the woman is "in agone," and in such cases there is no difference of opinion between Church and State.

Abortion in all its phases is necessarily more common in the married state, and it has been said that almost half of all child-bearing women have an abortion before the thirty-fifth year. It is also true that the medical man is most frequently approached by married women who desire the removal of the socially inconvenient egg. For this situation there is, of course, no excuse. When the product of conception is deliberately destroyed for social reasons only, and without physical justification, in a woman married or single, it constitutes a criminal offense before human and moral law.

It is ignorantly maintained by many that the dislodgement of the egg before quickening is in no sense reprehensible, because it is thought that the egg is not alive. This is a distinction of degree only, and a species of special pleading, for the fertilized egg contains all the hopes and possibilities of a mature fetus, and while quickening usually occurs at the sixteenth week, the fetus is practically fully formed at an earlier period. If a woman hesitates to destroy her offspring after quickening, why should she not hesitate before that event? Does the simple fact that she feels the fetal movements make the enormity of her offense any greater? In what particular week can it be said that the operation is not proscribed?

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In so far as the act affects the tissues of the hostess, in many cases it would be better to wait for the termination of gestation, and then strangle the new-born child, for the result to the child is the same in both cases, while the physical penalty to the mother is greatly diminished. This is a relapse to barbarism, to be sure, but much safer for the mother who is ready to squarely face the facts.

If it is true, and I believe it is, that the maternal affection is based in a large degree on the dependence and helplessness of her child, then the earlier months of pregnancy should present the greater opportunity for the development of this feeling in protecting the growing egg.

It is a melancholy fact that some mothers exhibit no affection for the child until some weeks after birth, and in these cases there might be little hesitancy in destroying the socially inconvenient conception at any stage of its growth, unless restrained by moral or humane instinct.

THE PARTIES IN INTEREST.

The four parties who have a direct interest in the unborn babe are the woman, the medical profession, the populace, as represented by the father and his associates, and the state.

The normal attitude of the enlightened professional man is hostile to abortions. This state of mind is possibly due, not so particularly to moral and legal grounds, although these should have much weight, as to an unfortunate familiarity with the serious physical consequences of such efforts. It is well attested that nearly all of the desperate and fatal complications found in abortions occur in criminal cases. The deaths from such attempts are frequent, and embrace a large range of causative conditions, among which, as the most important, might be mentioned perforation, peritonitis, septicemia, pyemia, tetanus, endometritis, endosalpingitis, air embolism, abscesses, pneumothorax, thrombophlebitis and phlegmasia alba dolens.

In France, where feticide has seriously affected the increase of the population, it is estimated by Tardieu that the maternal deaths from induced abortions reach fifty per cent.; while Maygrier and Jardien even exceed this figure, and give sixty and sixty-five per cent., respectively. In the presence of such statistics, and with his own experience before him, the medical man may well shrink back.

THE ATTITUDE OF THE LAITY.

In this connection it should be stated that the attitude of the laity is of great assistance in these cases, although from an unworthy motive there is a general subconscious feeling that the practice of abortion is bad, that only depraved and desperate characters engage therein; but when an instance arises in an unmarried daughter, the layman rushes to his family doctor with

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the story of his distress and prospective humiliation. In a weak moment, either financial considerations or the tears of the woman prevail, and the physician consents.

The result, possibly, is bad, even fatal, and the friends of the victim unite in damning and in legally destroying the physician. Why? Because he tried to help them? No! But because he failed to cover it up. Heaven help him! Charity remains at home while the populace invokes the aid of the law to make an example of him—an example that will prevent such bungling in the future.

The responsibility is solely his, and when he succeeds the knowledge is condoned, but where he fails—let him face by preference the lion who goes forth seeking whom he may devour. The legal restrictions are relatively recent in origin, but none the less definite. It is not the murder of a living child which constitutes the offense, but the destruction of gestation by wicked and unnatural means. The moment the womb is instinct with embryo life, the gestation has begun—the crime may be perpetrated.

The liability of the mother in the eyes of the law is the same as that of a third person, and in many states is made equally culpable with the act. In this state the attempt is punishable by imprisonment in the penitentiary from one to ten years, and if the death of the mother results therefrom it constitutes murder. But the law, unsupported by popular sentiment, has proved ineffective, and in many cases no attempt is made even to secure its enforcement, and the abortionist rests in security.

The sympathetic American people swing easily into hysterical extremes, as shown by the adoption of the fourteenth amendment and similar legislation. The American man, layman or professional, will determine a case while at lunch along lines of abstract reasoning, but he becomes wofully weak in its execution. Stringent regulations are enacted which are soon neglected, and the opinion develops that such regulations are better broken than kept. It devolves, then, upon the physician to keep the light before the public mind, not only in general but in particular instances.

REASONS OF ATTEMPTED ABORTIONS.

To this action should be added an effort to relieve the unfortunate woman of a portion of the social oppression and ostracism which follows her act. This, I believe, is the greatest influence in driving a woman to destroy her offspring. A recent personal experience has shown that a woman who is brave enough to face this problem and go to term has innumerable and almost impossible difficulties to surmount.

The artificial conditions which drive unmarried girls to abortion should be everywhere strenuously opposed, and even illegitimate motherhood might soon become a bearable penance. The woman who, in conscious knowledge of the obstacles before her,

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calmly faces the world with her illegitimate child is a heroine, for her path throughout is beset by daily perils and pitfalls that demand all the resourcefulness of her intellect and courage. The difference between the unmarried man and the unmarried girl is most marked. The man is promptly condoned by both sexes, probably in the belief that he is hopelessly and unalterably polygamous both by instinct and practice. But why is not an equal consideration given the unmarried girl? Why must she alone face the scorn and jeers of her untempted sisters and the contempt of their unattacked virtue? The milk of human kindness sours in the breasts of her former friends, who either pass her by with averted head and lifted skirt, or turn like wild beasts to rend the unfortunate one who has broken what should be solid ranks and openly injured their market.

Anyone who has met this problem will appreciate the difficulties in its solution. If poor, she has no respectable place in this great city where she can await in secrecy and comfort the day of her confinement, and after this time, burdened with her child and deserted by her own sex, she seeks employment in vain. No wonder, in an agony of shame and humiliation, she seeks relief at any cost to herself and others.

The cold-blooded salmon, after leaving the icy waters of the natal river, roam aimlessly and endlessly through the wide waste of ocean until in the spring of the fourth year, when, driven by an unconscious but compelling instinct, countless millions collect from every highway of the sea at the mouth of the ancestral stream. Stemming the swift current and leaping the falls, preyed upon by man, beast and fowl, wounded by fin of neighbor and by sharp rocks, emaciated by starvation, struggling and fighting, but consecrated to the purpose of fulfilling a destiny, they force their way to the spawning beds, where many die of exhaustion after the completion of their supreme life effort. This instinct becomes progressively stronger in the evolution from the lower to the higher vertebrates.

In the development of the vast scheme of creation it is not surprising that the one great dominant chord of humanity is the sexual instinct. Openly or disguised, it controls the mainspring of human endeavor. It drives some to the convent and some to the gallows, but unceasingly it drives with relentless energy toward the preservation of the race at the expense of the individual, and the woman is the most frequent sacrifice in the maintenance of our racial immortality. On her head fall legal, moral and physical penalties that should be more evenly distributed. Let the legal and moral enactments be what they will, a broad humanity demands the protection of the mother and the illegitimate unborn babe. Let us establish and maintain maternities. Let us found and support homes and places of refuge for the woman awaiting confinement. Give us justice and charity for the un-

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fortunate girl who, with unreasoning animalism, attempts to escape her exposure and humiliation by abortion. Teach chastity, teach restraint, but above all protect the devoted victim of her own strength or weakness in yielding to the eternal dominant impulse, and enable her to pass through her gestation and delivery free from the lofty scorn of an unsympathetic sisterhood.—*Medical Standard.*

IMAGINATION AS A CAUSE OF DISEASE AND DEATH.

A man in New Orleans recently asked a physician to tell him where in the abdomen the premonitory symptoms of appendicitis are felt. The doctor pointed to a spot on the left side, a little above the point of the hip-bone. The next day he was called to the St. Charles Hotel. He found the man there writhing with pain, his forehead beaded with sweat, and every appearance of intense suffering. Groaning with agony, the man exclaimed: "I have an attack of appendicitis. I feel as if somebody held a knife in me. I am a dead man. I can never survive an operation."

The doctor asked where he felt the pain. He placed his hand on the left side, at the spot which had been indicated to him the day before. "It cannot be appendicitis," the doctor declared. "That is the wrong side."

"You told me yesterday," said the man angrily, "that the appendix was on the left side."

"I must have been absent-minded," remarked the doctor. He then administered a palliative and reassured the man of his safety. The man soon recovered confidence, and was able to rise and eat his dinner, thoroly recovered. Yet he had been in violent pain and liable to a fatal result.

There were two direct causes of his trouble, and we can hardly call either of them imaginary, as we commonly use that term. The blood is always likely to accumulate to a disproportionate extent at any part of the body upon which the attention is intently fixed. This excess is generally pretty sure to induce pain at the spot, and not seldom an actual morbid condition. John Hunter, the Nestor of our modern surgery, himself a philosopher as well as an investigator, entertained, nevertheless, unfavorable prepossessions toward Mesmerism, then but recently exploited. He was persuaded, somehow, to submit himself to experimentation and to consent to undergo the manipulation. At the same time he determined to keep off the peculiar influence. Instead of attending to the operator and his procedure, he fixed his attention resolutely upon one of his own feet. He succeeded in checking the peculiar influence, but the result was a sharp pain in his foot.

This something which we call "imagination" is a very important factor in every department of human activity. It is, as the term technically signifies, the image-maker, the former of ideals, the designer. It is the faculty which exalts human beings above

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the whole animal kingdom. We must regard it with high respect, owing to it, as we do, all that we have become, and all that we may ever hope to become, in the arena of achievement. When the serpent told the woman that by eating of the Tree of Knowledge human beings would become intelligent, and be as gods, the narrative informs us that it was the truth. From a stagnant adolescence there was a merging into a new career, with its varied activities.

The physician, however, is required, often unfortunately, to survey every subject on the darker side. In his attempts to solve the mysterious problems of the imagination, the purpose chiefly is to ascertain the mischief that occurs through its agency. He has examples enough, we all know. He is liable to find a morbid imagination at work when he meets with a new patient. It has been usual for long years to set down many of the complaints of women as caused by vapors, hysterics, and various unknowable disturbances. It would be just, also, to accredit masculine patients with similar disorders. Such old words as spleen and hypochondria suggest much, but they do not cover sufficient ground. For instance, many a man, when he reads a medical advertisement, will quickly begin to think that he is afflicted with the very disorders which the particular medicine is described as curing. This fact is so well understood that the citing of examples is superfluous. Physicians often find it necessary, whether they believe in the necessity or not, to prescribe medicines that will make their operation felt; others, more sagacious, or having their patrons better in hand, simply make use of placebos, and endeavor to dislodge the concept of disease from the individual's mind. Every one has his own methods in these cases; and singular as it may seem, the methods and procedures by which one practitioner will succeed, will often prove ineffective when employed by another.

If I may torture the language of the Apostle Paul to illustrate this matter, I will here remark that remedial treatment is a righteousness which is to be imparted "from faith to faith." To speak a little plainer, it proceeds from the confidence which the physician has in the efficacy of what he is doing, to the confidence and trust which the patient may have in him and his procedure. Many a physician has been dismissed with disapproval when doing his best, because there was not this sharing of a common imagination and a common faith between him and the patient.

An example of suffering which is excited by the concentrating of the thought is frequently presented by toothache. While the sufferer is engaged about business and his attention is diverted, the offending tooth will give little trouble, if any at all. But when work is over, and more especially when the person has gone to bed, the thought recurs to the subject, the twinges of pain take on renewed energy, and keep up their entertainment for long hours.

Likewise, when there prevails an epidemic, whatever the cause

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of the visitation may be, the number of those that sicken and die is often largely swelled by alarm and disordered imagination. Diseases, as they are generally classified, are effects of a two-fold cause, one of which is subjective with the individual, and the other is introduced from without. If, therefore, an individual will maintain his body in sound condition, he has no need to protect himself from contagion or infective invasion. Like the goose and the duck, he will shed off all such things.

In 1832 the Asiatic Cholera appeared the first time in the United States. It was introduced by way of Canada; next showing itself at Albany, and extending by the Erie Canal westward and the Hudson River southward. There were not railroads then to transport the morbific agent or its victims in other ways. A business man in Utica brooded over the subject, and arranged his affairs in order to leave when cholera appeared there. He was the first to have cholera and to die with it.

The pestilence also gathered in its harvest in the city of New York. It is unnecessary to say that there was general alarm. New York then hardly extended to the streets that are known by numbers, but was largely supplemented by villages a little distance away. A man used to sit in the window of a house near a hospital and watch the vehicles in which the dead were carried away. It is hardly necessary to add that he likewise sickened, plainly from the force of imagination.

It is no exaggeration to affirm that fear, which itself will induce choleraic disturbance, did its full part at that period to increase the multitude of sufferers, the victims of their own fantasies solely.

The Botanic Practice of Medicine, then familiarly known as "Thomsonian," was at that time in full glow. The first National Convention of the practitioners was held that very year, and cholera was discussed, and their extraordinary success in dealing with it. We can also remember how, full of enthusiasm, these men would boast inordinately of their successes in numberless instances where the "regular" doctors had failed, and how their boasting was justified. They were often illiterate, as indeed many physicians of that period were, and though they had come up out of great tribulation, were not very saintly. But full of confidence as they were, they administered it to their patients, as well as Cayenne pepper, and with results little short of miracle. Their successes led the late Dr. George McClellan, the grandfather of the Mayor, to declare that he and his coadjutors must adopt the Thomsonian practice or lose their patrons. The very bragging and boisterousness which characterized so many of the practitioners often commended them to individuals who preferred medical treatment from physicians who really believed in what they were doing.

Yet despite all that is supposed to be known of the imagination and its power to disorder the body, there seems to be a very gen-

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eral habit of employing it for that purpose. The physician who is too desirous of fees from a patient that is able to pay is sometimes disposed to exaggerate the matter, and diligent to impress upon his mind the belief that he is liable to some serious attack, or that he is seriously affected already. There are medicines in the pharmacopoeia that will make a person ill enough to suppose that he actually has the complaint that has been fixed upon his attention. It used to be said of tinkers that when they mended one hole they would make two. Their descendants, the plumbers, sometimes have a similar unsavory reputation, and it seems to be well earned. Physicians are not always free from an analogous imputation, as we may perceive from the verse in the song of the negro minstrel:

"The doctor came and made her worse."

But doctors are not the only sinners in this respect. Indeed, they are far from being the chief of such sinners. There is a practice common in everyday life, which many deem meritorious, but which often operates in the same direction as promotive of disorder. In families the parents will, as indeed they ought, watch the appearance of their children from day to day; and often, when they observe some untoward appearance, will imagine at once that the youngster has contracted some disorder. Unfortunately they will dwell upon this till the youngster himself also comes to the notion that something is the matter. For it is a fact pertaining to the occult side of our human nature that a thought or concept which is active in a person's mind will not only affect the individual himself, but will stamp itself and produce its effects on others around. We have all noticed this. We ourselves become infected with light, jovial spirits when we come into a mirthful party; and we often become sad and depressed in spirit when we are with those who are in a downcast mood. Doubtless much that is called contagion is in accordance with this same principle, an infecting with peculiar moods and mental conditions.

It is a curious fact that if a person really believes another with whom he is familiar to be out of health, he is likely, by thinking it as well as talking it, to impress the notion on that person. After such a belief has become thoroughly established, the individual is ready to sicken, and even to die. It thus becomes necessary sometimes for individuals to be delivered from their friends.

The natives of the Hawaiian Islands used to take advantage of those who offended them by threatening to "pray them to death." As a general fact, the person so imprecated would wither, lose his strength and die. We do as badly as that by causing persons about us to be overborne by our conception of their feebleness and impending dissolution.

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A LITTLE GLYCERIN.

By Prof. John Uri Lloyd.

As concerns this title we can say that it chanced to be our lot to be close to the man who in this country was possibly the most enthusiastic of any man in behalf of glycerin. Take down your Proceedings of the American Pharmaceutical Association, 1864, and find therein his paper, entitled "Glycerin—Its Mission." The author of that paper first made glycerin in the Middle West, and, although his idol has been shattered in some places, to-day he manufactures glycerin in quantities, of a quality he could not then, when it sold at two dollars a pound, presume to reach. He has seen its use increase enormously beyond the utmost anticipations of one even as enthusiastic as was himself nearly half a century ago; and yet, the facts are, in the direction that it was most consumed in that day and most favorably anticipated for the future, glycerin has largely passed out of use.

We remember how, as with the enthusiasm of men concerning the possibilities of all new substances, glycerin was taken hold of by the pharmacist and by the physician, and, to an extent, sacrificed by over-praise in the house of its friends. It was thought to be medicinally nutritive and alterative. It was anticipated that it would take the place of cod-liver oil and other unpleasant remedies employed in consumption. Great virtues were claimed for it in cough, and as a soothing remedy. In pharmacy, the glycerole of hypophosphites and such were said never to disagree with the most delicate of stomachs, as sugar is likely to do. Syrup of iodide of iron and other syrups prepared with it, in the place of syrup, was commended. Its preservative and solvent properties were highly spoken of instead of sugar for the making of syrup of ipecac, senna, etc. Its external use in medicine was not less Utopian. Thousands of bottles were sold by druggists for chapped skin, excoriated surfaces, sore nipples, skin diseases, ulcers of various kinds, etc. It was recommended for deep abscesses, for diseased bones, and to replace other solvents as a vehicle in the applying of iodine and its salts. It was recommended to be used in cerates and in ointments for the preparation of liquid lactucarium, and for the making of many medicinal glyceroles, and, combined with starch, as a substitute for plasters. It was expected that the whole line of vegetable extracts would be made of glycerin instead of alcohol and water, and in the fluid extracts, then becoming popular, it was freely asserted that it would replace alcohol, sugar and water.

These are but a few of the claims enthusiastically made in behalf of glycerin, at a date that is within the memory of some of our readers, but which, to the majority, must seem too Utopian for belief. Not that glycerin does not possess qualities that make it useful, but that, having settled itself down to its proper place in pharmacy and medicine, the novelty of its introduction has long

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since worn off, and the anticipations based upon a few of its excellent qualities no longer are bases for speculative enthusiasm.

The fact is, in some directions glycerin is invaluable. No other menstruum approaches it. It possesses certain qualities equaled by none other. It is neither inflammable under ordinary conditions, nor is it volatile. It possesses neither intoxicating nor narcotic qualities. It neither freezes in the winter nor ferments in the summer. It is an invaluable solvent in the places it is fitted to occupy, but these positions in pharmacy are restricted. In opposition to its good qualities as a menstruum, it is by nature antagonistic to the more universal solvent, alcohol, for a great list of plant constituents soluble in alcohol, and preserved indefinitely by alcohol when in solution, are not only not dissolved by glycerin, but are actually thrown from solution, if glycerin be in excessive amounts. Take your Pharmacopoeia of 1870, and note the craze that led to the introduction of glycerin into the liquids thereof. Without reason were these preparations, made in the day when glycerin was at the height of its glory as a fad.

To-day we find that glycerin in the preparations of the Pharmacopoeia has been critically relegated to the rear, as it rightfully should be. It is not a solvent for salts and fats, for the vegetable compounds and structures in which they take a part, nor, indeed, is it a good extractive agent for the majority of the alkaloidal salts, and the glycosides, and the inorganic compounds that exist in plant structures. Hence, as the majority of drugs embrace in their structures a medley in which such substances as these take an important part, glycerin becomes too often a natural *excluder,* instead of a natural *dissolver,* and glycerin, therefore, should have no part in such preparations.

Turn now to medicine. In the multitude of affections, skin and throat and lung diseases, in which, in 1864, glycerin was commended with such anticipatory enthusiasm, physicians no longer consider glycerin as a medicinal factor, excepting as a carrier of a few external remedies, as the glycerole of tar and such, in which it receives from physicians a little attention.

And yet, as we have said, glycerin is now used in enormous amounts, as contrasted with its uses in the height of its speculative popularity. In the arts and in the industries, in the manufacture of explosives, as a diluent of remedies where alcohol is inadmissible, or where prejudice prevails the using of alcohol (perhaps to the injury of the preparation), glycerin is employed in quantities that almost stagger one who thinks of the fact that, scarcely half a century ago, it was a chemical novelty, mentioned only in chemical technical works, seen by but a few, scarcely found in a pharmacy, never in a doctor's office, its very name being so mispronounced by those who attempted to pronounce it as to make it ludicrous, should such pronunciation be to-day employed.

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Department of Therapeutics.

Action of Ammonium Bromide.

Dr. Frank Charteris, of Glasgow University (*Therap. Gaz.*, Nov., 1905) has performed a series of experiments on frogs and rabbits in order to determine the action of ammonium bromide, and his conclusions are: 1. That ammonium bromide is more toxic than sodium bromide; 2, that with large doses the predominant action is due to the ammonium; 3, that with repeated non-toxic doses a bromide action may be obtained. In the author's opinion the ammonium bromide is not an eligible compound, because the bromide action is only evident after prolonged administration, while the stimulating action of the ammonium is produced rapidly, but passes off within an hour.

Should we use Potassium or Sodium Salts?

The prevailing opinion is that the action of potassium and sodium salts is about the same, the potassium salts being stronger and more toxic. Claude Bernard thought that potassium was three times a stoxic as sodium. Potassium salts are in bad repute, especially for their alleged depressing effect on the heart. Dr. S. Distefano (Riforma Medica) goes counter to the general opinion, and states that potassium salts not only do not weaken the heart, but stimulate it. According to his opinion they should therefore be used in preference to the sodium salts. He also considers them, in general, more efficacious than sodium salts, because the latter, he says, remain in the plasma and tissue spaces, while the potassium salts penetrate into the tissue itself and into the protoplasm. As a proof of the greater efficacy of the potassium salts he mentions the universally admitted superiority of potassium iodide to sodium iodide in the treatment of syphilis.

Indications for Arbutin.

Dr. W. F. Waugh spoke highly of arbutin before the recent meeting of the American Medical Association, as reported in *American Medicine* (September 16, 1905). Arbutin, he says, stimulates the renal cells and exerts a local, mild, antiseptic action. It combats putridity and sepsis, acting alike on the tissues of the genito-urinary mucosa and upon the urine contained therein. It corrects ammoniacal conditions of the urine. It is indicated in cystitis, acute or chronic, pyelitis, pyelonephritis, gonnorrhea, and leukorrhea. It checks the loss of albumin in cases of albuminaria where this loss is debilitating; it soothes hyperesthetic irritability of the bladder not so quickly as hyos-

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cyamine, hence it is especially suited for chronic catarrhal cases. It has been recommended in lithemia, gout, rheumatism, dyspepsia, nephritis, hematuria, scrofula, skin diseases, gleet, leukorrhea and ague; as a diuretic in dropsy, in menorrhagia, chronic dysentery, bronchorrhea, biadetes, as a substitute for ergot to cause uterine contractions; and in enuresis the substitution of arbutin for the plants containing it opens up a new era in the treatment of genito-urinary catarrhs. The enormous quantity of tannic acid and of woody constituents necessarily taken with the ordinary preparations of these plants, disguised the effects of arbutin; caused gastric and intestinal distress, and sadly interfered with the absorption of the arbutin. It is beneficial in atonic dyspepsia, which so frequently accompanies the urinary maladies of old men. In acute affections, in catheter cystitis with fetid ammoniacal urine, arbutin should be given in full dosage, up to a gram or more daily. In all cases the dose should be given every half hour to insure continuous action. In chronic cases the doses may be increased, beginning with 0.01 gm. every half to an hour, until the urine is free from blood, and then in sufficient doses to keep it clear. The darkening of the urine from arbutin must not be mistaken for that caused by overdoses of carbolic compounds like salol; if strong doses are unnecessary it is requisite to maintain constantly the organism under the influence of the remedy by frequent repetition; hence the doses should be repeated every hour or two; three-quarter gr. to two-thirds gr. at each, 10 gr. to 20 gr. a day and night, and more if found desirable.

Gonorrhea in the Female.

L. H. Dunning, of Indianapolis, believes that the estimate of some high authorities as to the importance of gonorrhea as a cause of sterility in women and of severe pelvic disease is too high. (*Jour. Amer. Med. Assoc.*, Nov. 4, 1905.) He points out that while acute gonorrhea is easily diagnosed in the female, in the chronic and subacute cases the diagnosis is often impossible. In many cases of gonorrhea the patients recover quickly, leaving no traces, so far as physical examinations can detect. The difficulty in diagnosis, he thinks, makes it impossible to say just what part gonorrhea plays in the production of female sterility. In his opinion the most frequent cause of sterility is the intentional prevention of pregnancy, and next in order he places errors of development of the reproductive organs of women. His records and those of the only charity hospital in Indianapolis show no such preponderance of gonorrhea as the cause of severe pelvic lesions as is claimed.

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Irritation of the Bladder.

Dr. A. Ravogli, of Cincinnati, O., at the recent meeting of the Mississippi Valley Medical Association, said that in many abnormal conditions of the genito-urinary organs, and also of the urine itself, irritation of the bladder is evidenced by frequent micturition—a symptom which could be produced by a number of intravesical and extravesical affections. In this condition the urination was so increased that it seemed the bladder could not tolerate the presence of urine. In some cases it occurred in the daytime only, in other cases at night, and in severe cases often in the day as well as in the night. The intervals between urination might be two hours, but in some cases the patient urinated every quarter of an hour, or even every five minutes. The patient would lose sleep, waste away, and was scarcely able to attend to his occupation.

In reference to the causes, the urine might be the cause of irritation on account of its quantity or its quality. It might be too concentrated, contain urates, phosphates, sugar, etc., which maintained or kept up irritation of the bladder. The bladder itself might be the cause on account of an hyperemic condition. This hyperemia might be the result of vesical and of extravesical troubles, phimosis, urethritis, prostatitis, neoplasms, pericystitis, vulvitis, nephrolithiasis, etc. In other cases it was a pure neurosis, the consequence of epilepsy, hysteria, eclampsia. Since the urethoscope and the cystoscope had been used, cases of irritation of the bladder without pathological condition had greatly diminished, and in most of them there had been found either granulations or hyperemia of the mucous membrane.

There are two kinds of irritation of the bladder: one which is a local neurosis, and another which results from pathological alterations of the bladder or of the urethra. The affection is a stubborn one, but the detection of the causes would help greatly in the selection of appropriate treatment.

(*Med. News,* Oct. 28, 1905.)

The Syphilitic Germ.

Dr. R. Freund observed in specimens of the blood of three syphilitics enormous numbers of the organism first described by Siegel. He used a microscope of the highest power, and got the best results from fresh specimens, staining being difficult. The number of organisms seems to correspond with the severity of the disease. Organisms developed in the blood of a rabbit injected with the substance from an initial lesion. Blood drawn from the rabbits after three weeks and injected into an ape produced typical initial lesions.

(Muench. Med. Wochenschrift, Sept. 19, 1905.)

[The sporadic reports of the finding of Siegel's *cyto-rhyctes*

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luis in the blood and organs of syphilitic patients will not succeed in displacing Schaudinn-Hoffmann's Spirochaeta pallida from its prominent position. The trouble is, everybody can see the latter; only one in a thousand physicians has succeeded—or thought he succeeded—in seeing the former.—EDITOR.]

Ambulant Treatment of Internal Piles.

Dr. C. F. Martin, of Philadelphia, has met with a great deal of success in the injection method of treating internal hemorrhoids. (*Med. Standard,* Oct., 1905) He injects from 7 to 10 minims of a 50 per cent. solution of phenol into each pile at intervals of from two to seven days, depending on the effect produced. As a preliminary to beginning the injection, he recommends divulsion of the sphincters under nitrous oxide anesthesia, and attributes much of his success to this procedure. He concludes that there are not more than 15 per cent. of recurrences, and that accidents and complications are not so frequent as after the ligature and clamp and cautery operations. In addition, the method is practically painless, and the patient is not detained from business.

Mitral Incompetency and Ascites Treated with Apocynum Cannabinum.

Dr. A. J. B. Duprez relates the case of a man afflicted with valvular heart disease, complicated with an enlarged liver and ascites, who was successfully treated with apocynum cannabinum. (*The Lancet,* Sept. 30, 1905.) Three gallons of ascitic fluid had been withdrawn by tapping. He had been treated with digitalis and iron, without result. One minim of the tincture of apocynum was then added to his prescription. The drug was increased by one minim to the ounce, until the patient was taking ten minims three times daily, which was found to be an overdose. The best results were gotten with 6-minim doses. The daily excretion of urine was increased from a bare half pint to several pints during the twenty-four hours. Treatment was continued for five months, when patient was discharged feeling better than he ever expected to, though not cured of the heart disease. He returned in six months to be again tapped. Tapping had been necessary every few weeks, but the apocynum treatment increased the period between tappings to six months.

The drug greatly relieved the itching and desquamation that had been a source of great annoyance to the patient.

Amyl Nitrite in Hemorrhage.

Dr. C. F. A. Moss, of Madagascar, relates two cases in illustration of the efficacy of amyl nitrite in internal hemorrhage. (*The Lancet,* Oct. 14, 1905.) The first was a woman, from

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whom bilateral parovarian cysts had been removed. In the evening the pulse rose to 132 and was very weak, so that there was no doubt that secondary hemorrhage had occurred. No active hemorrhage was detected on reopening the abdomen. Before long, symptoms of hemorrrhage again showed themselves, and this time the author used inhalation of amyl nitrite, the effect of which was magical. In less than five minutes the pulse had gained in force, and the patient had become stronger and calmer. She went to sleep, and there was no return of the hemorrhage. Recovery was good.

The second case was brought to the author with marked symptoms of internal hemorrhage. Preparations were immediately made for operation, but in the interval a capsule of amyl nitrite was given. Improvement took place in the strength of the heart, and the firmness of the pulse, and the operation was performed without further increase of symptoms. It was impossible to postpone interference, in the hope of the nitrite stopping the hemorrhage, as the patient's state was desperate. Recovery was satisfactory.

Mechanical Treatment of Atony of the Rectum and Colon.

Dr. Fenton B. Turck advocates massage and stimulation of the intestine in atony, using for this purpose small rubber bags that are inserted into the rectum, and sigmoid flexure, and then inflated with air. (*Med. Record*, Oct. 14, 1905.) The operator, of course, can control the amount of distention. An action akin to massage may be produced by alternately relaxing and inflating the bag. The author says that atony of the intestine is the result of fatigue toxins generated by the intestine, and that antitoxins may also be generated to restore the intestine to normal condition, massage hastening the union of antitoxins with toxins. This kind of massage also aids by stimulating the circulation. The author claims that hemorrhoids, ulcers, proctitis, prolapse of the bowel, and associated uterine conditions, are all benefited by such mechanical treatment.

Pneumonia in the Young.

Dr. E. F. Wells, of Chicago, reports that the prognosis of infantile pneumonia (and the disease is most frequent in early childhood), is better than that of adults, at least in private practice. (*Jour. Amer. Med. Assoc.*, Oct. 14, 1905). He describes the usual symptoms, and says that the chill is absent in young infants and infrequent in children. The child is usually apathetic, and, as a rule, there is a surface pallor. Unless some complication intervenes, the disease usualy ends by crisis in a week or more, in the child. Empyema and otitis are the most frequent complications, and in the former prompt surgical relief should

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be given. As to treatment, the author says that exhaustion and too profound sleep must be guarded against, and the fluids of the body must be cleansed of the soluble toxins. Plenty of liquids to drink must be given, and, if necessary, normal salt solution by rectum, to wash out the toxins. With the enemata, if they are retained, should be given large doses of a reliable tincture of digitalis. Other vasomotor tonics are in order. For high fever and restlessness, tepid sponging, followed by alcohol, is indicated. If this fails, the author advises guaiacol in suitable dosage to the thin skin of the flexures, supplemented by the ice-cap at intervals. Oxygen inhalations may be useful if the patient is not fretted by them. Strychnine, aromtic spirits of ammonia, etc., may be used as required. If there is profound nervous failure, with apathy, abdominal distention, etc., a stimulating glycerinated enema may rouse the little patient. Good nursing and fresh air should not be neglected, and care should be taken to disturb the child as little as possible.

Traumatic Pneumonia.

Dr. Chas. M. Beadnell, fleet surgeon to the Royal Navy, cites the case of a young and temperate young man who received a severe blow over the left lung, and a few hours later the blow was followed by the onset of a definite left-sided pneumonia. (*British Med. Jour.*, Oct. 14, 1905.) The author thinks it possible that at the time of the accident the victim was already in the incubation stage of the disease, but against this possibility urges that there was no history of chill from exposure to wet or cold, or of any previous attack of the malady; the weather had for long been perfect, and pneumonia was not prevalent in the port—in a word, no predisposing influence other than traumatism was known to be present. The fact that the left lung was the seat of the disease is also in favor of the view of a traumatic origin, for in ordinary acute pneumonia the right lung is the more often attacked in the proportion of five to three (Fagge).

In cases of this nature he inclines to the assumption that an involution form of the specific pneumococcus finding itself in a favorable environment, to wit, damaged lung tissues, undergoes a rapid evolution into the higher and more virulent variety associated with acute pneumonia. This latter variety subsequently either refers to the lower and more primitive saprophytic type, as, for instance, when the host dies owing to the disease, or succumbs to phagocytosis during the recovery of the patient.

Adenoids: the Cause of Childern's Disease Most Frequently Overlooked.

Dr. Jno. A. Donovan (*Med. News*, Oct. 28, 1905) believes that, with the single exception of diet, no one condition is responsible for so much or so many derangements in childhood as adenoids,

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and that the trouble is not being given the attention it deserves. He would teach the child the proper use of the handkerchief and to breathe through the nose. Palliative treatment consists of proper cleansing with alkaline solutions and mild astringents. He advises immediate operation, disagreeing with those advocating long preparation. His experience with chloroform has been so unsatisfactory, and with cocaine (10 per cent. solution) so very satisfactory, that he does not agree with the many who advise general anesthesia.

The author concludes: That in any child having repeated colds, running nose, ear, or bronchial symptoms, careful throat examination should be made. In every case in which adenoids are suspected of producing trouble, they should be removed immediately, if general condition does not contraindicate. A general anesthetic at any age is not only unnecessary, but dangerous. Adenoids usually do disappear in adult life, yet the patient should not be obliged to suffer and wait.

Hysterectomy for Fibroids.

Dr. Alban Doran, surgeon to the Samaritan Free Hospital, London, reports the case of three sisters under his care, all between the ages of forty and forty-five years, and all troubled with fibroid disease of the uterus. He performed a hysterectomy upon all three, and a good recovery resulted in each case. The author observes that the fibromyoma of the uterus was of the same type in all three cases. The growths were interstitial, subserous, and submucous in all, the first type prevailing, least marked in Case I., and most in Case III., where there was a large pendunculated lobe. In all, the cervix was involved and displaced. None of the cases was of the typical "bleeding fibroid" type; the catamenia were quite unaffected by the tumor in Cases I. and III, although there was a submucous growth of some size in Case III. There was, it is true, distinct menorrhagia in Case II., but it was quite trifling compared with the growth of the tumor, and caused no anemia. The fibroids in all cases grew slowly at first and quickly afterward. Case III. remained stationary for some time. Their history shows the importance of closely watching all cases of fibroid when for any reason operation is postponed. All the patients, being single women, desired operation mainly on account of the unsightly abdominal enlargement, and all were in an ideal general condition for a surgical operation when hysterectomy was performed, being free from obesity, alcoholism, and visceral diseas . (*British Med. Jour.*, Oct. 14, 1905.)

Aseptic Management of the Umbilical Cord.

Dr. J. Thompson Schell, before the Obstetrical Society of Philadelphia, stated that he thought many obscure illnesses in young infants result from an infected umbilical stump, and that child-

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bed fever in the mother may be traced to the same source. He advocates a method of cutting the cord practically the same as that adopted by Dr. Dickinson, of Brooklyn, and Dr. C. S. Bacon, of Chicago, and from which he has never had any trouble. The method is as follows: When the child is delivered, a hemostat is placed on the cord three inches from the abdominal wall, and a second hemostat about one inch from the first, and the cord severed between. The child is laid to one side, wrapped in its receiving blanket, while the placenta is delivered and the mother attended to. The attention is now directed to the child, and the cord is amputated as follows: Grasp the hemostat forceps in one hand, and with a sharp-pointed scissors the cord is severed at its skin-amniotic junction and the amniotic covering, and Wharton's jelly is then separated from the vessels of the cord by stripping them back with a piece of gauze in a direction away from the abdominal wall. The vessels are now ligated with a piece of No. 0 sterile catgut, and the cord is dusted with an antiseptic powder. The baby is not placed in the tub for about ten days. (*Lancet Clinic*, Nov. 4, 1905.)

In making the incision, the author has cut the vessels a number of times, but without bad results. He simply threw the ligature a little further back. He thinks there is less danger with a clean amputation than with an infected slough.

Treatment of Erysipelas.

Dr. W. F. Waugh recommends in the treatment of erysipelas the use of pilocarpine in sthenic cases, and iron in asthenic cases. During a period of twenty-five years he has had good results with this line of treatment and no deaths. No local treatment is recommended. In sthenic cases the pilocarpine is given every hour until sweating occurs. When this takes place the edges of the involved area begin to recede. This remedy is then suspended for a day, and if the eruption continues the treatment is resumed until it is evident that the remedy has perfect control of the disease. In asthenic cases the tincture of the chloride of iron, thirty drops every four hours, and nourishment crowded; when improvement sets in at once.—*Medical Standard.*

The Palliative Treatment of Hemorrhoids

Dr. Morse states (*Medicine*, August) that while palliative treatment will not cure hemorrhoids, it will render great comfort for a longer or shorter period without incapacitating the patient, which is just what most people seek, and all that is required in many cases. Some people experience only temporary discomfort when the liver is congested, and these particularly will not submit to an operation. In these cases it is necessary to remove the cause—alcohol, want of exercise, irritating food, and the like: to restrict the diet, and to insist on regular exercise; and to give

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a course of Carlsbad salts, following this by mercury bichloride, one-twentieth of a grain after each meal. Constipation must be prevented; a good medicament for this purpose is cascara evacuant. After restoring a prolapsed hemorrhoid, and injecting water, an astringent suppository will be of value. Those made up of oil of theobroma and adrenalin chloride are undoubtedly most serviceable. By virtue of its vasoconstrictor action, adrenalin influences directly the engorged vessels, and promptly counteracts the turgescence. To dispel the pain incident to defecation, an ounce of linseed oil may be injected after each stool. When the "piles" prolapse, and are much inflamed, Allingham's ointment may be applied; this consists of extract of conium and extract of hyoscyamus, each two drachms, and extract of belladonna, one dram, in an ounce of petroleum. If the "piles" are protruding, and reduction cannot be effected, give a hypodermic of morphine and apply hot poultices. Adrenalin chloride solution has been successfully applied to irreducible hemorrhoids. Morse advises that a tampon of cotton-wool soaked in a solution of adrenalin chloride solution 1 to 2,000, be placed in contact with the most turgescent part of the hemorrhoids.

An Ideal Obstetric Analgetic.

Dr. Von Steinbuechel recommends a combination of scopolamine 0.0003 (gr. 1-200) with morphine 0.01 (gr. 1-6). He declares that by this treatment the pain and suffering of labor is much lessened without affecting consciousness or uterine activity. (Alkal. Clinic.)

The Value of Coca as a Heart Tonic.

Prof. Beverley Robinson (*American Journal of the Medical Sciences,* June) believes that no drug has the same value at times in the control of the neurotic heart as coca. The great difficulty is to obtain an official preparation which has any real value. This depends upon several causes. The wrong leaf is sometimes used, or it may be gathered at the wrong season, when relatively inert, and does not contain much, or scarcely any, of the tonic alkaloids of coca, and it may be medicinally worthless as a nerve tonic. He does not advise, however, the too long or too frequent use of coca in the treatment of neurotic heart. It is more particularly as a temporary help, when help, however, is most needed and sought for, that it should be used. Under these circumstances, neither alcohol, ammonia, strychnine, digitalis, nitroglycerin, nor any other drug, will be so soon and so distinctly valuable as coca. When pain, dyspnea, palpitation, small, frequent irregular pulse and weak heart, follow closely upon acute infectious disease, as pneumonia, typhoid fever, and notably la grippe, the best preparations of coca are simply invaluable.

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Thiosinamine in Gynecologic Affections.

Dr. Offergeld has used thiosinamine in 55 cases of various gynecologic diseases with the object of softening adhesions, reducing infiltrations, etc. The results were entirely negative. (*Mün. Med. Woch.*, No. 3805.)

Strychnine or Alcohol in Pneumonia.

Dr. John Boyd Tyrrell (*N. Y. Med. Jour.*, Nov. 18) writes that never having observed antipyretic effects from alcohol in pneumonia, and having demonstrated that the tone and action of the heart could be much more efficiently maintained by other agents, such as strychnine in large doses, and camphor, he has given up the routine use of it—alcohol—tho the majority of the profession is in favor of it. He says he has never yet seen a case of pneumonia in which he could give alcohol the preference over strychnine.

Angina Pectoris.

Dr. T. Oliver says that three elements play an important part in angina pectoris—muscular exertion, mental emotion, and digestive disturbances. Movement of any kind, facing a cold wind, worry, gastro-intestinal disturbances—all increase the liability to precordial pains. During the paroxysm the face may be either pale or flushed. The pulse varies; it may become quick, small and hard, or cease to be felt in the radial artery. Usually the sternal pain is severe, but its place may be taken by a slight fainting feeling. Consciousness, however, is seldom lost, except in the final attack, when death comes thru syncope. The pain, which may be of a boring or burning character, is most acutely felt at the manubrium sterni and the precordium, whence it may radiate down both arms, usually the left. Just when the pain is almost unbearable it begins to decline, and a cold and unpleasant perspiration breaks out over the forehead and extends to the arms and legs. Occasionally a murmur may be heard over the cardiac area. There may be some dyspnœa, and even œdema of the lung. Eructation often follows an attack, and as pain over the stomach often precedes the paroxysm, the stomach is usually regarded as the cause of the trouble by the patient. In pseudo-angina the pain may be extremely severe, but the personal element plays a large part. In most cases no cardiac lesions can be detected. The face is flushed, and there is marked throbbing of the heart and blood vessels. In vasomotor angina palpitation, precordial pain, faintness, coldness of the extremities, lividity, and perspiration are the main features. Anything which suddenly induces contraction of the peripheral arteries will bring on an attack. Sexual excess often produces pseudoangina in both men and women. In pseudoangina a good prognosis can usually be given, but in true an-

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gina it is always grave—yet in some instances appropriate treatment will give relief, ward off attacks, and prolong life. Nitrite of amyl stands at the head of all drugs for giving immediate relief; the peripheral arteries are opened up and the strain taken off the heart. When there are signs of a failing heart, digitalis or strychnine must be combined with the nitrites. Where the arteries are in an advanced stage of disease, amyl nitrite has but little effect, and often does harm. Here only morphine will give relief. In all cases of true angina the relatives should be informed of the serious nature of the attacks. (*Lancet,* Sept. 16, 1905.)

Treatment of Arteriosclerosis.

Dr. E. Romberg reiterates the necessity for gentle, persevering measures in arteriosclerosis, avoiding abrupt changes in medicines and diet. The efficacy of small doses of potassium iodide has been established, and recent researches show that this drug reduces the viscosity of the blood by acting on the corpuscles, making it more fluid without diluting it. He prescribes it five times a day in doses of 1½ to 5 grains, to be kept up for two or three years, with suspension one week in each month and one month after every three. Gastric disturbances should be avoided by refraining from all acids in the food and drinks while it is being taken. The author sometimes orders it with sodium bicarbonate, to be given in milk. Its use is directly contraindicated in cases of uremic edema of the lung occurring under the picture of cardiac asthma, and also whenever the arteriosclerosis is complicated with any manifestations of exophthalmic goiter. In other cases the benefit may even include retrogression of organic lesions, altho it is impossible to expect retrogression of thrombosis in a vessel in the brain or of fibrous degeneration of the heart muscle or contracted kidney. It is of the greatest importance to reduce to the minimum the demands on the arteries. Sufficient sleep is also to be insured, even with drugs at first. (*Jour. Amer. Med. Asso.,* Oct. 14, 1905.)

Amenorrhea.

In women suffering from amenorrhea due to deprivation and depressing hygienic surroundings, the late Dr. Goodell, of Philadelphia, placed great reliance in the "Mixture of the Four Chlorides:"

R Hydrargyri chloridi corrosivi, gr. j.
Liq. ac. arsenosi, gtt. xlviij.
Tincturæ ferri chloridi,
Acidi hydrochlorici diluti, of each, ʒiv.
Syrupi zingiberis, ad ʒvj.
M. Sig.: Dessertspoonful in water after meals.

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Treatment of Uremia.

Benzoate of sodium is one of the most efficient remedies in uremia. If given in full doses at hourly intervals, and as soon as the first symptoms of uremic toxemia appear, there will be, within a few hours, a marked change for the better. If convulsive symptoms have appeared, these soon cease; albumin disappears from the urine, and the patient falls into a deep sleep, from which he awakens later conscious of feeling more like himself. At first, three, or even five grains, may be given for a few doses, then two grains every hour for three or four hours, and then the effects may be maintained with one grain every sixty minutes. If at the same time a wet pack and hypodermic of pilocarpine be used, the result will be almost positively satisfactory. Salines should be used to full effect. Collapse should be guarded against, and if the patient is unable to take the remedy by the mouth it may be given by the rectum, dissolved in hot water. (*Clev. Med. Jour.*)

Treatment of Pruritis Ani.

Dr. Lewis H. Adler, Jr. (*N. Y. Med. Jour.*) believes that in all cases of pruritus ani, more or less varicosity of the hemorrhoidal vessels exists; the patient should be seen daily for a time, and from one to two or two and a half drams of the following mixture injected into the rectum:

R	Fluid extract of hamamelis.....	2 ounces
	Fluid extract of ergot.....	2 drams
	Fluid extract of hydrastis.....	2 drams
	Compound tincture of benzoin.....	2 drams

Shake well before using.

The patient should be advised, prior to using this injection, that a desire to evacuate the bowels will occur as a result of its use, but that if he will remain quiet the sensation will quickly disappear. This feeling is probably due to the alcohol in the fluid extracts. Upon the first visit, if the skin has a very rough and dry appearance, he paints the entire surface for several inches outward with a concentrated solution of silver nitrate (960 grains per fluid ounce). If any abrasion or break exists in the skin, a five per cent. cocaine or eucaine solution should be applied, and in these cases the use of a strong silver solution is not nearly so painful as that of the weaker solutions. The silver may require repeating two or three times before the desired effect is obtained, not oftener, however, than every fourth day; by its use the skin becomes supple and healthy looking. Thereafter, except the day when a fresh application of silver is employed, the anus and the cutaneous parts, for a distance of about two inches around the orifice, should be liberally coated with the official citrine ointment (unguentum hydrargyri nitratis). The ointment is used full strength. [Isn't this a little too heroic?] Over the salve a wad

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of absorbent cotton should be placed, varying with the patient's comfort, and kept in place by a T bandage. It should be kept on all day and over night. Should the skin about the anus become tender or sore from the ointment, calomel ointment should be used until tenderness disappears. The patient should be cautioned not to rub or scratch the parts.

Wet Dressings for Wounds.

In a recent number of the *Russki Vratch* (Sept. 17, 1905) M. A. Zausailoff makes a warm plea for a more extended employment of the wet dressing in the treatment of wounds. This method possesses numerous advantages over dry dressings. In the first place, a wet dressing absorbs the secretions far better, because the gauze does not dry up and adhere to the wound, and because no crusts are formed. Then again, complications like erisypelas and phlegmonous extension are usually obviated, and healing by first intention takes place more frequently. In suppurating and infected wounds, the wet dressing brings about a rapid cleansing of the granulating surface and accelerates the formation of new granulations. In a word, the advantages are many and important. The dressing itself consists of a few layers of gauze or other absorbent material saturated with the solution (either 2 per cent. sodium bicarbonate or ichthyol, 1-10 to 2 per cent.; or chinosol, 1-10 per cent.; or lysol 1 per cent.) and covered with an impermeable layer of wax paper or oiled silk, followed by the usual turns of bandaging.

Sugar Permissible in Diabetes.

Dr. Oefele states (*Münch. Med. Wochen.*) that for some time he has been allowing the more intelligent of his diabetic patients to take a certain amount of loaf sugar, with very good results. In 88 per cent. of the cases it was found that after the regular consumption of 35 grams or over of sugar daily, the amount of glucose in the urine either did not increase or even decrease, while the general condition of the patients was much improved. Not only is the subjective effect on the patient excellent, but as the diabetic organism is deficient in albumins and fats, it is advantageous to have the carbohydrate metabolism increased as much as possible. A diet restricted to albumins and fats involves risk of insufficient oxidation of nitrogen and fats, with its danger of oxybutyric acid intoxication, and the possibility of coma, and the administration of sugar does much to avoid these perils. The sugar is best given in the form of sugar water, or in coffee, shortly before muscular exertion, the rule being, no sugar without exercise, and no exercise without a preceding sugar feeding. The author believes that the administration of large amounts of sugar under suitable precautions is advantageous, if not in all cases in at least 95 per cent. of diabetics. Both the actual strength and

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the feeling of energy are increased by this addition to the dietary.

[If one had dared to advise sugar in diabetes ten or twenty years ago, he would have been frowned upon as a quack.—ED.]

Typhoid Bacilluria and its Treatment with Urotropin.

Dr. Charles D. Easton, after summarizing the literature on the subject (*Boston Medical and Surgical Journal*, August 17, 1905), says in order to test the drug, all typhoid patients at the Massachusetts General Hospital during the past year were given 5 grains of urotropin three times daily throughout the disease. This was stopped as soon as convalescence was established. Six to ten days thereafter repeated urinary examinations were made in 46 of these. In no case of this series was there any growth of typhoid bacilli, and all the specimens appeared perfectly clear. One case was of particular interest; when the temperature became normal, urotropin was stopped, and no bacilli found in the urine. A few days later a relapse began; the urine became slightly cloudy, and showed cystitis. There were large numbers of bacilli in the cultures. Urotropin was resumed, and when he was discharged his urine was clear and free from bacilli. About a week later he suffered from a swollen testicle and a slight cystitis, which disappeared five days after urotropin was readministered. This would seem to show that orchitis, epididymitis, and prostatitis, not uncommon typhoid complications, are ascending infections from urine containing typhoid bacilli. In all, 486 cases have been treated with urotropin at the Massachusetts General Hospital. Nearly all received from 8 to 10 grains, and some 15 grains, three times a day. There were three cases of painful misturition and two of hæmaturia. In several a few red blood corpuscles were found in the urine microscopically. All cleared up within a day or two after the withdrawal of the drug. It would thus appear that the danger of toxic action is very slight. It is unnecessary to emphasize the great need of a simple and effective disinfectant of typhoid urine. The moderate use of urotropin throughout the disease prevents cystitis and other typhoid complications, and renders the urine inocuous for those brought in contact with the patient. It enables us to discharge typhoid convalescents in the full confidence that so far as the urine is concerned they will be harmless to the community.

Psoriasis Treated with Hot Air.

T. M. Filonchikow (*Woenno Med. Journal*, 1905) reports six remarkable cures of psoriasis by means of hot air. The patients were peasants, and having no other facilities at hand, the author placed them in the heated huts where they are in the habit of drying grain. Before entering the heated chamber, which had a temperature of about 165 degrees F., the patients were an-

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ointed with olive oil. In several days the manifestations of the disease disappeared, leaving slightly pigmented spots on the skin. No recurrences took place, tho some of the patients were kept under observation for years (up to three years). In milder cases the author employs the Paquelin cautery, applying it to the psoriatic patch and thoroly cauterizing it. Here, too, permanent cures have crowned his efforts. The method is simple enough to merit further trial.

Chloroform Anesthesia in Childern.

The question as to the best anesthetic in use for children is a vexed one. In view of the prevailing discord, the following report is of interest. D. E. Gorokhoff (Therapia, 1905, No. 5) publishes the experience with chloroform in the large surgical service of a hospital in Moscow. His series covers 1,143 cases. The chloroform was administered on a mask, and the quantity used varied from one drachm to one ounce, very rarely more. Unpleasant complications, such as cyanosis, falling back of the tongue, vomiting and asphyxia, occurred only in a small number of cases, and not a single one terminated fatally. The author concludes that in chloroform we possess a perfectly safe anesthetic for children, and that it is not practicable to abandon it for any other anesthetic.

Horse-Radish and Digestion.

There is a widespread faith in the digestive virtues of such articles as mustard, horse-radish, paprica, etc. They are supposed to assist the work of digestion, altho, so far, experimental researches have failed to bear out the popular view. Thus, E. A. Graustern (Rep. of the Russ. Imperial Academy of Medicine, 1905, No. 5), having experimented with horse-radish on subjects having healthy and those having diseased stomachs, comes to the conviction that this article of food does not influence digestion, when taken in the usual small quantities, but if consumed freely it distinctly interferes with the digestive process. The same holds good of other sharply stimulating spices, condiments, etc.

Nux Vomica in Hyperchlorhydria.

Dr. J. H. Musser calls attention (*Therap. Gaz.*, Nov.) to the —at first sight paradoxical—value of nux vomica in hyperacidity. It is well known that bitters are contraindicated in this state, for sedation rather than stimulation is required. But on close study, Dr. Musser has found that many cases of hyperacidity are due to neurosis. The patients are usually thin and wan, often melancholic; they may be hypochondriacs. They are often constipated. The heart is weak, pulse small and feeble, tension low. The urine is at times abundant, watery, hence of low sp.

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gr., but generally it is scanty and high-colored, and contains a faint trace of albumen and a few casts. In such cases ascending doses of nux vomica are highly beneficial, and the symptoms of hyperacidity rapidly and often permanently disappear.

There are three special symptoms that should always lead a physician to suspect the presence of renal tuberculosis. These are hematuria, pyuria, and painful urination.

CHARITIES and THE COMMONS.

On November 1, *Charities*, of New York, and *The Commons*, of Chicago became merged. The combined weekly journal is more or less of a co-operative undertaking among those who know conditions first hand, and are shouldering such movements as housing and child labor reform, the prevention of tuberculosis, and the social utilization of public schools. The editorship will be in the hands of Edward T. Devine, of New York, and Graham Taylor, of Chicago.

We wish the combined publication unlimited success.

Melange for Doctors.

By J. W. Brandeis A. M. M. D.

Copy for "Melange" had been prepared when the poem which appears below arrived, and we were so astounded and delighted to find that a patient was grateful to the family physician to the extent of being poetically inspired in his favor that everything else was laid aside to make room for the remarkable tribute.

A PATHOLOGIC EPISODE, or A TRAGEDY AVERTED.

By Miss C. F. Morrow.

I.

The patient had merely a very bad cold;
But the surgeon came down like a wolf on the fold,
"'Tis essential," said he, "from my own point of view,
A skilled operation that you should go through."
"Oh, no;" said the patient, with firmness of mien,
"That the thought is absurd, is quite plain to be seen;
You're a stranger to me, and so, clearly you see,
My own diagnosis with yours can't agree."

So a council was called—all the staff stood around,
And arguments offered to weaken the ground
Of the patient, who still would insist on declaring
Their logic was weak and its fallacies glaring;

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The surgeon and staff were unable to laugh,
For they couldn't conceal their vexation, by half.

"Now, all of you men," quoth the patient in scorn,
"Would know quite as much had you never been born;
Your conclusions are false, and your views I deride;
There is only one person this point can decide;
You may send for this sage; though he's not half you age,
Of medical science he knows every page."

With fierce indignation the surgeon turned 'round,
"I won't!" exclaimed he, "and of this I'll be bound—
A conspiracy's formed, and without my compliance,
To injure the practice of surgical science;
I'll not theorize, but I've seen with my eyes
That the person who does this invariably dies!"

"All right," said the patient, "if that is the case,
I'll surrender my life with a very good grace;
And when I embark for the Stygian shore
Perhaps I'll discover that you've gone before.
Until then, adieu. From my own point of view
'Twill be charming to meet an acquaintance like you."

II.

Now, after the bold declaration of war
Which the surgeon had uttered, when thinking it o'er,
He decided to summon the sage to appear,
Since it never would do—to the surgeon 'twas clear—
After all this affray not to have his own way,
And allow a mere patient to carry the day.

"Well, who is this savant so wondrously wise?"
He asked. "It may cause you some little surprise,"
The patient replied. "'Tis Hippocrates' self.
Perhaps you have thought him long laid on the shelf,
Well, don't look so serious, I'm not quite delirious—
You needn't consider my statement mysterious."

Now, Hippocrates, taking his smoke under ground,
Was discussing some medical question profound
With Soranus and other illustrious dead,
When the message arrived from the earth overhead.
"I'll come in a minute; I am sure there is in it
Some plot, when the surgeons up yonder begin it."

E'er ascending to earth, with habitual care,
For the journey aloft he began to prepare.

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"It is needful," said he, "since I'm now so ethereal,
To incarnate my wisdom in substance material."
So he donned his disguise, to approach mortal eyes,
And appeared at the council as ——. ————.

III.

Well—little remains to be told of my story;
The moral explains where to place all the glory.
The patient, with dignity stated the case,
And at once a complete transformation took place.
Hippocrates nodded with grave comprehension:
"I see," murmured he, "'twas a wise contravention
On your part to call me to end this dissension;
Your own diagnosis was perfectly right—
No wonder these doctors were ready to fight."

The atmosphere cleared, and a treaty was made;
The subject involved on the table was laid;
The soothing advice of the sage Hippocratic
In the surgeon produced an elation ecstatic.
Discarding at once all his notions erratic,
And assuming an air—as he thought—diplomatic,
He expressed his opinions in tone so emphatic,
With diction ornate and with pose autocratic,
In terms so abstruse and with views so dogmatic—
His contortions grammatic were feats acrobatic—
'Til the whole situation became quite dramatic!
In fact, e'er the discourse was brought to a close,
The staff was reduced to a state lachrymose;
Though the patient, escaping the deluge verbose,
From mental exhaustion became comatose.

The patient recovered; the surgeon delighted;
Nobody was vexed and nobody was slighted;
Each doctor felt sure that without his assistance
A tragedy threatened not far in the distance.
The patient well knew where belonged all the credit,
So hastened a metrical tribute to edit.

The moral is clear; but for fear it might be
Overlooked, I just mention it plainly, you see.
The moral, I say, is: Forever and aye
Permit a wise patient to have his own way.

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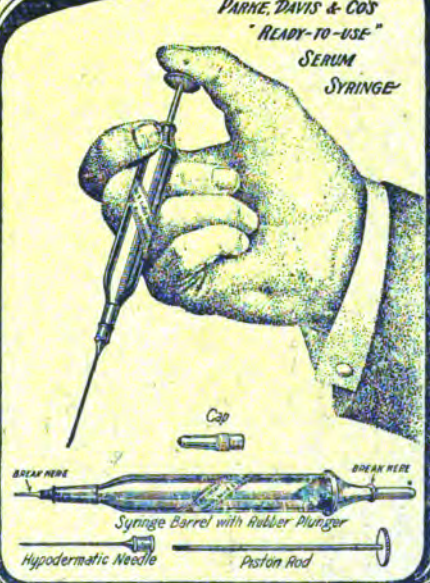

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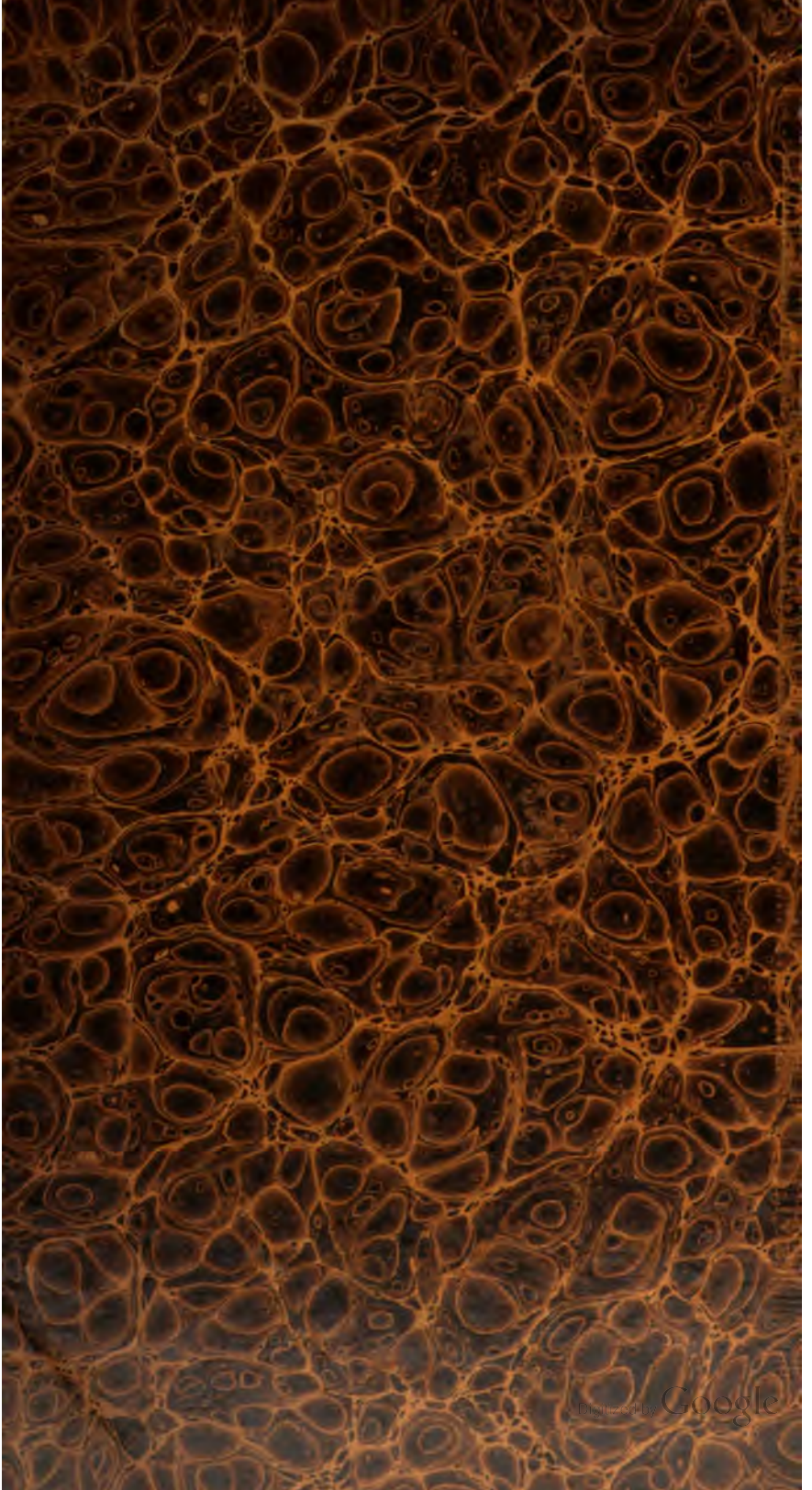
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